ACE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT UNFADING INK-THIS IS carefully supplied. WRITE PLAINLY, WITH of information should be

B.—Every Item CAUSE OF Important.

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See Instructions on back of certificate.

1 PLACE OF DEATH

10060

County Washington



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 3

Village or City Hagerstown (No. 705 Salem Ave.

St.; Ward)

[if death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME Allen Guy Barnhart

PERSONAL AND STATISTICAL PARTICULARS			CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3 SE	x Male	4 COLOR OR RACE	SINGLE, MARRIED, WIOOWED, ORDIVORCED SINGLE (Write the Word)	16 DATE OF DEATH LINE 28 , 1918 . (Year)		
6 D/	ATE OF BIRT			17 I HEREBY CERTIFY, That I attended deceased from 1913, to July 28, 1913,		
		July (Month)	9 ,1/91 (Day (Yea			
7 AGE It LESS than t day,hrs.			19 t day,	The CAUSE OF DEATH* was as follows:		
(a) par		workNone		Gerlinas,		
bus	General nature iness, or estal ch employed (or		•••••	(Duration) yrs. mos. / ds.		
9 81	RTHPLACE (State or co	Hagersto	wn Md.	Gontributory Schools Land		
	10 NAME OF FATHER Lewis Guy Barnhart			(Signed) Sexually , M. D.		
ARENTS	11 BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN NAME OF MOTHER Mary E. Sprankle			*State the Disease Causino Death, or, in deaths from Violent Causes, state (1) Means of Injuny; and (2) whether Acciden-		
PARI				CAUSES, STATE (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,		
		LACE HER or country) Ma	ryland	At place In the ot death yrs, mos, ds		
14 T	(Intermant)	ewis Ley	Barnhart	Where was disease contracted, If not at place of death? Former or usual residence.		
	(Address)	705 Salom a	uz Hagerstois	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL		
16	MI	. 21	2 0 1	Rose HTT Hagerstown July 30 161		
FII	Filed /30 1918 Collay Davis			20 UNDERTAKER ADDRESS .		
	1		REGISTRA	S. Keller Lowman Hager stown Md. egistrar, G E. Franklin St., Balto., Requesting V. S. No. 1.		

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persous CAUSINO DEATH, state occupation at beginning of Ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," ctc., without more precise specistatement. who have no occupation whatever, write Nonc. been changed or given up on account of the disease Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indivery important, so that the relative healthfulworked on may form part of the second Women at home, who are engaged in the Never rcturn "Laborer," "Foreman,"

pneumonia"); Lobar pneumonia; Bronchopneumonia term for the same disease. Examples: Cerebrospinal ("Pneumonia." "Croup";) brospinal fever (the only definite synonym is "Epidemic ceretlme and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to Statement of cause of death-Name, first, the DISEASE of lungs, meninges, peritonaeum, etc., meningitis"); Diphtheria Typhoid unqualified. is indefinite): Tubercufever (never report "Typhoid (avoid use Carcin-

> mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasmia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Couthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head "Contributory." (Recommendations on statement injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vionaut neoplasms); Measles; Whooping cough; Chronie Bronchopneumonia (secondary), 10 ds. is less defluite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustiou," Never report



N. BEvery item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very	
AGE st	properly	
ly supplied.	It may be	cste.
item of information should be carefully	E OF DEATH in plain terms, so that i	important. See Instructions on back of certificate.
N. BEvery	CAU	impo

*PLACE OF DEATH 10061

County Washington

(184)

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 302

Village or City Hagerstown (No.	527 N. Locust st; 4" ward)
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[It death occurred in a hospital or institution, give its NAME lostead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS				ARS	MEDICAL CERTIFICATE OF DEATH	
3 SEX	male	4 COLOR OR RACE	6 SINGLE, MARRIEO, WIDDWED, ORDIVORCED (Write the wo	rdiri dow	16 DATE OF DEATH (Mont)	(Day), (Year)
	E OF BIRT			11-1-31-0-11		11 /
		February (Month)	9 " (Day)	, 1844 . (Year)	that I last saw had alive on	//
AGE			THE RESERVE	It LESS than	and that death occurred on the date sta	/ /
	b20200000	69 yrs. 4	mos. 24 ds.	1 day, hrs.	The CAUSE OF DEATH * was as follow	8:
BOCC	UPATION				All Miller to f	
partici	ide, protession lar kind of w	ork House	-wife	04040 000 00000000000000000000000000000	5 March	4
(D) Ge	neral nature o	of industry, dishment in Houses			(Durantian)	
which	amployed (or	employer)	MITE		(Duration)	yrsmos1s
BIRT (State	HPLACE or countr	ry)			Contributory (Secondary)	
1.0		Maryland	d		(Duration)	yrsds
	10 NAME OF FATHER Simon Knode 11 BIRTHPLACE OF FATHER (State or country Maryland. 12 MAIDEN NAME				(Signed)	
AR 12					CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.	
4	OF MOT		ine Humr	ichouse	18 LENGTH OF RESIDENCE (FOR HOSPITA	LS, INSTITUTIONS, TRANSIENTS
	BIRTHPL OF MOTH (State or c	ACE	4		At place in the of death yrs, mos ds. State	e
4THE	ABOVE	S TRUE TO THE BEST		LEDGE	Where was disease contracted,	
		H. K. Beach		***************************************	it not at place of death? Former or usual residence	
	(Address)	Prospect	Street		19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
5	41/10	- 12		0 "	Rose Hill Cemetery	July 5 , 191.3
Filed.	13-	1913	fany,	Mayer	20 UNDERTAKER	ADDRESS
				REGISTRAR	C. M. Suter & Son	Hagerstown Md

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," ctc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not mine, etc. fication, as Day laborer, Farm laborer, Laborermaterial worked on may form part of the second Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question tion is very important, so that the relative meaithful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (b) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the despect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuderculosis of lungs, meninges, peritonaeum, etc.. Carcinotaeum, etc...

"Contributory." such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis by earbolic acid-probably suicide. The nature of the "Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report nant neopiasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mailsoma. Sarcoma. etc., of . The contributory (secondary or intercurrent) Always qualify all diseases resulting from tetanus) may be stated under the head of (Recommendations on statement of (name origin; "Candeath), 29 For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG 6 1913 BUREAU, V. S.

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County washing for 10062	CERTIFICATE OF DEATH
VIIIage or City Hagershir (No. Se FULL NAME Callie In S	Registration Dist. No. (If death occurred a hospital or Institution give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White (Write the word)	(Month) (Day) (Year) I HEREBY CERTIFY, That I attended deceased from
Control of Birth Control of Charles (Month) (Day) (Year)	that I last saw her ally on July 15 7 1913
7 AGE 11 LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work. (b) General nature of industry,	
business, or establishment in which employed (or employer)	Contributory france taste of seteri
9 BIRTHPLACE (State or country) Mary Lance	(Secondary) (Opration) yrg. mos. d
10 NAME OF Binfarm Hoove	(Signed) It M. Sahise M. I
D 11 BIRTHPLACE OF FATHER CONTROL OF FATHER OF FATHER OF MATHEMATICAL OF MATHE	*State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Mary Carta	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OF RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, d
Informant, William Q Beals	Where was disease contracted, If not at place of death? Former or Usual residence
(Address) / forgerslown (Mg)	Rose fall fayers wir My July 21. 1910
Filed	20 UNDERTAKER ADDRESS WILLIAM + Best Brown here B. Franklin St., Ballo, Requesting V. S. No. 1.

[Approved by U. 8. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement Physician, Compositor, Architect, Locomotive engineer, cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of iilbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative Mealthfulwho have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman, For persons

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid diseasen); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "Purremeal scottichaemus," "Old Age," "Shock." genitai," mere symptoms or terminal conditions, such as "As ampie: Measles (disease causing death), 29 ds. valvular heart disease; Ohronic interstitial nephritis oma. Sarcoma. etc., of __ ture of the American Medicai Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tctanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition," "Maras "Coilapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. nant neopiasms); Measles; Whooping cough; Chronic injury, as fracture of skuil, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopneumonia (secondary), 10 ds. Never report is iess definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head (secondary or intercurrent) "Dropsy," "Exhaustion," "Traemia," "Weakness," (name origin; "Can State cause for Examples:



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN

Village or City Cheusuille (No. 2 FULL NAME Sarah - 8 6	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 36 6 [If death occurred in a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female While Single, Married, Widowed (Write the word)	16 DATE OF DEATH July 3/4 (Month) (Day) (Year)
Polymery 23, 1844 (Month) (Day) (Year)	that I last saw har alive on July 30 , 1913.
7 AGE If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at 730 m, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, er particular kind ef work (b) General nature ef industry, business, or establishment in which employed (or employer)	(Duration) yrs. 6 mos. ds.
10 NAME OF FATHER Andrew Bachtell 11 BIRTHPLACE	(Signed) (Deration) Jyrs mos ds. (Signed) Joseph Trobruan M. D. July 31, 1913 (Address) Struttsburg Myd
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 BIRTHPLACE OF MOTHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds.
(Informant) Boy a Beard	Where was disease contracted, If not at place of death? Former or usual residence
Filed Charges 2, 1913 A Angustic Registrar If more blanks are needed, address State Registrar	Bachtle graneford DATE OF BURIAL Bachtle graneford DATE OF BURIAL 20 UNDERTAKER B. J. Johnson Date OF BURIAL ADDRESS Southaling 6 E. Frankling Balton Reporting V. S. N. J.
Diale megistrat	, o m. wrankin St., Daito., Laguesting V. B. No. 1.

[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of iliduties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing disease. Statement accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Putereral scottcharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras. genital," "Senile," etc.), "Dropsy," "Exhaustion." "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mere symptoms or terminal conditions, such as "As Bronchopncumônia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.: valvular heart disease; Chronic interstitial nephritis nant ncopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mail oma. Surcoma. etc., of .. ture of the American Medical Association.) The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of ... (name origin; "Can State cause for Never report Examples: For VIO-



of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Seath in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. RECORD PERMANENT 4 UNFADING INK-THIS IS PLAINLY, WITH Every item of information should CAUSE OF DEATH in plain terms important. See instructions on bac

WRITE

V. S. No. 1.

V

1 PLACE OF DEATH 10064 Washington



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

R	I
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idoph Ave. (Ward)

[If death occurred in a hospital or Institution, give its NAME Instead of street and number.]

*FULL'NAME John H. Betts

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 _{SEX}	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED TOTAL Write the Word ried	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY. That I attended deceased from
	OF BIRTH 1846	hay 1, 1913, to hely 8, 1913,
	April 2 , FF55 (Month) (Day (Year)	that I last saw h Anne, alive on
7 AGE	If LESS than	and that death occurred on the date stated above, at 12 Min.
	67 yrs 3 mos 6 ds OR min.?	The CAUSE OF DEATH* was as follows:
	PATION 6, profession, or I Laborer	repeliet is - "
(b) Gene business,	eral nature of industry, or establishment in • • • • • opioyed (or employer)	(Duration) Z yrs mos ds.
9 BIRTH (Sta	te or country) Maryland	Contributory Secondary (Buretien)
	NAME OF FATHER John Betts	(Signed)
PARENTS	BIRTHPLACE OF FATHER (State or country) Maryland	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-
A 12	MAIDEN NAME OF MOTHER	TAE, SUICIDAE, OF HOMICIDAE.
13	BIRTHPLACE OF MOTHER (State or country) Maryland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds
	mant) Clifford Bolls	Where was disease contracted, If not at place of death? Former or usual residence
	(Address) 41 Randolph aur Haguston	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 Filed	7/10,1913 Henry Davis	Rose Hill Hager stown 5113 10 1915 Address
	REGISTRAR If more blanks are needed address State Design	trar 6 E. Franklin St. Raito Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But iu many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborerit should be used only when needed. Physician, Compositor, Architect, Locomotive For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of Ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Grocery; (a) Foreman, (b) Automobile factory. The been changed or given up on account of the disease Statement of occupation-Precisc statement of occupa-Spinner, , etc. If retired from business, that fact may be indivery important, so that the relative healthfulworked on may form part of the second Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," engincer,

CAUSING DEATH (the primary affection with respect to pueumonla"); Lobar prospinal time and causation), using always the same accepted ("Pneumonla." fover (the only definite synonym is Statement of cause of death-Name, first, the DISEASE of lungs, for the same disease. Examples: Cerebrospinal meningitis"); Typhoid meninges, peritonaeum, etc., unqualified, is indefinite): Tubercufever (never report "Typhoid pneumonia; Bronchopneumonia Diphtheria "Epidemic cere-(avold

> ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mns," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failnre," "Haemorrhage," "Inanition," "Maras-"Collapse," theuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can ture of the American Medical Association.) canse of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as geuital," "Senile," etc.), Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing is less definite; avoid use of "Inmor" for malig-The contributory (secondary or intercurrent) tetanus) Always qualify all diseases resulting from " "Coma," (Recommendations on statement of may be stated under the head "Convulsions," "Debility" ("Con-"Dropsy," The nature of the death), 29 State cause for "Exhaustion," Never report For vio-



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1 PLACE OF DEATH County Washins PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 3 SFY 4 COLOR OR RACE MARRIED WIDOWED, ORDIVORCED (Write the word) 6 DATE OF BIRTH (Day) (Month) 7 AGE 1 day, hrs. OR min. ? mos. BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ENT OF FATHER (State or country) PARI 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE Every item CAUSE OF Important. (Address) 15

(Year)

if LESS than

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.:...Ward)

fif death occurred in a hospital or institution. give its NAME Instead of street and number.]

MEDICAL C	ERTIFICATE OF	DEATH	
16 DATE OF DEATH	July (Month)		, 191.3
17 I HEREBY	CERTIFY, That I a		
a.c. 2900	3. 0. 6	3117	5
, 181	5, 10	7 7	, 191. \ 3.,
July 29th 191 that I last saw har ally	e on July	3014	, 191.3
and that death occurred on			
The CAUSE OF DEATH* W	,	5010, at	
THE GROSE OF DEATH A	ves as follows:		
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*State the DISEASE CAU	SING DEATH, or In	deaths from	Viorna
CAUSES, state (1) MEANS TAL, SUICIDAL, OF HOMICE	OF INJURY; and	(2) whether	ACCIDEN-
OR RECENT RESIDENCE	L IFOR MOSPITALS, IN	STITUTIONS	RANSIENTS
At place	in the		
of death yrs mos	as State	yrs, m	os d:
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Former or			
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19 PLACE OF BURIAL OR	REMOVAL	DATE OF BU	RIAL
Bearing Porch	Commeler	Vule 3	/, 191 <i>3</i>
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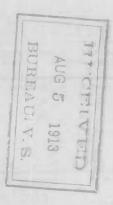
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[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). causing meath, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an minc, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, For many occupations a single word or term on the tion is very important, so that the relative Mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, As examples: For persons

Statement of cause of death—Name, first, the disease causino death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid diseasen); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

such, if impossible to determine definitely. childbirth or miscarriage. as "Purrement scottchae. ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." scpsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the ibus," "Old Age," "Shock." "Traemia," "Weakness," thenla," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing oma. Sarcoma. etc., of _ LENT DEATHS state MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of _ (name origin; "Candeath), 29 State cause for Examples:



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1 PLACE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX MARRIED. WIDDWED. ORDIVORCED (Write the word) 6 DATE OF BIRTH (Month) TAGE If LESS than 1 day hrs. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) Contributory. 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER ..., 191..... (Address). 11 BIRTHPLACE ARENT OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Y 0 OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death yrs. mos. ds. Where was disease contracted, If not at place of death?..... Former or usual residence.. 15 20 UNDERTAKER Filed.

more blanks are needed, address State Regis trar, 6 E. Franklin . Balto., Requesting V/S. No.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

If death occurred in a hospital or institution.

> give its NAME Instead of street and number.]

MEDICAL CERTIFICATE OF DEATH (Month) HEREBY CERTIFY, That I attended deceased from and that death occurred on the date stated above, at ... The CAUSE OF DEATH * was as follows: *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. In the State yrs, _.... mos, ds

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fleation, as Day laborer, Farm laborer, Laborer-Constatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of had-homicide; Polsoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. Examples LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Tuenperal septichae cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition," "Maras genital," affection used not be stated unless important. valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) "Contributory." sepsis, tetanus) injury, as fracture of skull and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) "Old Age," "Shock." "Traemia," "Weakness," "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," (name origin; "Candeath), 29 ds.:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BURLLAU, V. B.

should state OCCUPATION IS VETY PHYSICIANS RECORD 90 PERSONAL AND STATISTICAL PARTICULARS statement PERMANENT EXACTLY. 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, MARVILLA
WIDDWED, MARVILLA
ORDIVERCED
(Write the word) BINDING Exact 6 DATE OF BIRTH stated classified. 4 (Day) (Year) pe 7 AGE If LESS than SI should 00 1 day,hrs. UNFADING INK-THIS properly ĹL. BOCCUPATION (a) Frade, profession, or ED particular kind of work... supplied. (b) General nature of industry, pe RESERV business, or establishment in may which employed (or employer) carefully su o that it ma f certificate. 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 20 -MARGIN WITH be terms, 11 BIRTHPLACE ARENT OF FATHER (State or country) should 6 PLAINLY. 12 MAIDEN NAME ATH in plain instructions OF MOTHER Information 13 BIRTHPLACE OF MOTHER (State or country) DEATH WRITE 14 THE ABOVE IS TRUE TO 6 OF Item Important, Every Ite 19 PLACE OF BURIAL OR REMOVAL 15 20 UNDERTAKER REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 4.

10067

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No ...

if death occurred inWard) a hospital or institution, give its NAME lostead of street and number. 1

DATE OF BURIAL

ADDRESS

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH	Ans	7	/	, 1913
	()	fon h)	(Day)	(Year)
17 O HERE	BY CERTIF	Y, That I a	ttended dec	eased fron
July /	1913 , to		AST	, 1913
that I fast saw h.	alive on	ghates	Bu	, 1913
	6		7	
and that death occurred			ove, at	UNUUm
The CAUSE OF DEATH	plone	A by C	ulone	hle.
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Junca	dini	711		-
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49- 7	(Dura	tion)	.yrsmo	sds
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	(Dura	ation)	.yrsmo	sds
(Signed) E	1120	ma	au	M. D.
Just 1913	(Address)	4/4/	nstor	vis la
*State the DISEASE				
CAUSES, state (1) ME. TAL, SUICIDAL, or HOM	ANS OF INJU	BY; and (2) whether	ACCIDEN-
18 LENGTH OF RESIDENTS	NCE (FOR HO	APITALS, IN	STITUTIONS, T	RANSIENTS
At place		to the		
of death yrs mo:		State	yrs, me	is ds.
Where was disease contracted, if not at place of death?				
Former or	8 == 0 fm 04 udw8 8 fm 10 pp 04 pp 06	 	****************	NEWSCOOO
usual residence				

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The it should he used only when needed. additional line is provided for the latter statement; the nature of the husiness or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulmaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death of cause of death—Name, first, the disease causing death affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, persionaeum, etc.. Carcinology

cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vicmia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purrperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) LENT DEATHS State MEANS OF INJUSY and qualify as "Collapse." "Coma," "Convulsions," "Dehility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not he stated unless important. valvular heart disease; Chronic interstitial mephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of . The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," (name origin; "Can-State cause for "Exhaustion," Examples: ds.;



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD BINDING 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS RESERVED FOR MARGIN

	PLACE OF DEATH 10068	STATE OF MARYLAND
Co	sunty Washington (CERTIFICATE OF DEATH
		Registered No. O
V	FULL NAME Susan Class	St; Ward) [Redeath occurred to a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
350	wal white Single, Married, Willowed, Warried (Write the word)	16 DATE OF DEATH 20, 191.3. (Month) (Day) (Year) 17 HEREBY CERTIFY, That I attended deceased famous
8 D	ATE OF BIRTH	To years 191 to July 20 th, 1913,
	(Month) (Day) (Year)	that I last saw have alive on July 19th, 1918
7 AC		and that death occurred on the date stated above, at
	6 yrs. 4 mos. 7 ds. ORmin.?	The CAUSE OF DEATH* was as follows:
80	CCUPATION	a complication of non-
	Trade, profession, or thouar kind of work	Curtongina discours
	General nature of industry,	Immer distraction - North Indigent
	ness, or establishment in ch employed (or employer)	leule hot (solm (Duration) yrs. mos do.
9 81	RTHPLACE tate or country) Mary Land	Gontributory Chunic Mathe Pracus
	10 NAME OF O	(Ouration) yrs mos ds.
S	FATHER James Daugherty	(Signed) J. Howell Cross M. D. 7 / 20, 1913 (Address) Showful How
ENT	OF FATHER (State or country) Mary Tand	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
PAR	12 MAIDEN NAME ()	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN- TAL, SUICIDAL, OF HOMICIDAL.
<u>.</u> .	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
147	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
	Informant) Jenou Daugherly	If not at place of death? Former or usual residence
	(Address) Italeauspoot,	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 FII		20 UNDERTAKER ADDRESS
	Ja datal REGIATRAR	11.6. Hechard FaithayM
	If more blanks are needed, address State Registrati	r, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfuiwho, have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing disease, always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronehopneumonia ("Pneumonia," unqualified, is indefinite); Tubereulosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetunus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaccause. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convulsions," "Dehility" ("Conthenia." "Anaemia" (merely symptomatic), "Atrophy," ampie: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms) : Measles; Whooping cough; Chronic cer" is iess definite; avoid use of "Tumor" for mailsture of the American Medicai Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. oma. Sarcoma. etc., of "Contributory." Accidental drowning; Struck by railway train—aect-The contributory (secondary or intercurrent) Mways qualify all diseases resulting "Senile." etc.), "Dropsy," (Recommendations on statement of (name origin; "Can-"Exhaustion," Never report Examples: 10



V. S. No. 1.

tate	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very	
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1 PLACE OF DEATH County Washington

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No...

Village or	City	Hagerstown	(No.	26	Aval	on A	ve	 .St.;	Ward)

[It death occurred in a hospital or institution, give its NAME instead ot street and number.]

Ellen 1B. Crumbacker FULL NAME...

	PERSO	ONAL AND STATISTIC	CAL PARTICULA	RS	MEDICAL CERTIFICATE OF DEATH
3 SE	emale	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the Wolf	Indow.	18 DATE OF DEATH July 4, 1913. (Month) (Day (Year)
	TE OF BIRT		(17770 CHE WA	1440.017	17 I HEREBY CERTIFY, That I attended deceased from
~ DA	TE OF BIRT	Febuary (Month)	22 (Day	,1861 (Year)	that I last saw her alive on July 4 ,1913
7 AG	E	52 yrs 4	mos 13 ds.	If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 10 am, The CAUSE OF DEATH* was as follows:
(a)	Trade, protession ticular kind of w		***************************************		Effacieties
busi	General nature ness, or estab ch employed (or		0 0		(Duration) yrs mos 2/ ds.
9 BI	RTHPLACE (State or con		rige Md.		Contributory Carculacura & Saucele Secondary (Doration) / yrs 2 mos ds.
	10 NAME O FATHER	Abraham :	Null		(Signed) , M. D.
ARENTS		or countryUnion	Brige Md.		*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL
PAR	12 MAIDEN OF MO	TUED	Correll		18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TOANGINGS
		or country) Union			At place In the ot death yrs mos ds. State yrs mos ds Where was disease contracted,
	Intermant)	s TRUE TO THE BES	Esumb	1 1	It not at place of death? Former or usual residence.
15 File	4/2	26 Bralan	gery &	avis REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MX (Minn has Minost me July 7, 1913) 20 UNDERTAKER ADDRESS Skeller Form Wagus town Ma
	1	If more blanks a			strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. catcd thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Colton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons But in many "Foreman,"

pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," "Croup";) term for the same disease. time and causation), using always the same accepted causing dearm (the primary affection with respect to force (the only definite synonym is Statement of cause of death-Name, first, the DISEASE of lungs, meningitis"); Diphlheria Typhoid fever (never report "Typhoid meninges, peritonaeum, etc., Carcinunqualified, is indefinite): Tubercu-Examples: Cerchrospinal "Epidemic cere-(avoid use

> "Heart failure," "Haemorrhage," "Inanition," "Marascause of death approved by Committee ou Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonilis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interslilial nephrilis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the Bronchopncumonia ample: is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head (secondary), 10 ds. "Dropsy," "Exhaustion," Never report



7. B. No. 1.

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AND THE WAY TO SEE THE TOTAL THE PROPERTY OF T	N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is Important. See instructions on back of certificate.
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	B.—Every Item CAUSE OF Important. S
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state

PLACE OF DEATH 0 10070	STATE OF MARYLAND
county Wash. 60.	CERTIFICATE OF DEATH
Gounty	Registration Dist. No. 302
Village or City Haguston (No. 115, 2 FULL NAME alice de in	W. Bernel St.; Ward) [If death occurred in a huspital or institution, give its NAME lustead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Figure 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED, WIDDWED, ORDIVERCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
G DATE OF BIRTH (Month) (Day) (Year)	July 1913 to July 1913 that I last saw have alive on Thing 29 ,1913
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 10:35 m. The GAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, prufessiun, or particular kind of work (b) General nature of industry,	
business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Practically of Parades (Secondary)
10 NAME OF FATHER OF A STATE OF THE STATE OF	(Signed) Celler B. N. elson, M. D.
OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
MAIDEN NAME OF MOTHER MILES DELLE	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HORPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)	At place in the of death yrs mos ds. State yrs mos ds.
14THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	Where was disease cuntracted, If not at place of death?————————————————————————————————————
(Address) 115 M. north Si	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed 7/2-, 1913 Henry Devis	Hallway Md July 2, 1912
If more blanks are needed, address State Registra	AK. Coffman Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise speciit should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Purperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Senile," etc.), "Dropsy," "Exhaustion," injury, as fracture of skuii, and consequences (e. by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. "Coliapse." "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 ds.; thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of . The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of (name origin; "Can-State cause for Examples: For VIO-



AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OGCUPATION is very PERMANENT RECORD 4 UNFADING INK-THIS carefully supplied. may that It WRITE PLAINLY, WITH should In plain of information DEATH

certificate.

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back terms,

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See instructions

CAUSE OF Important.

N. B.

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

.St.;.....Ward)

[if death occurred in a hospital or Institution, give its NAME instead

Village or City Layer Level

FULL NAME Lena Dyon	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, Wile the word)	16 DATE OF DEATH Suly (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH Monda /2 , 189 (Month) (Day) (Year)	guly 20 1913 to July 26 1913.
AGE	S. The CAUSE OF DEATH * was as follows:
(a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	Ruscling tywin 30ry weeks ago. (Ouration) yrs. mos. 7 ds.
(State or country) May lay (Contributory (Secondary) (Ouration)yrsmos7 .ds.
10 NAME OF FATHER TOUCK Defect of FATHER (State or country) Maryland 12 MAIDEN NAME	(Signed) Allen B, Hilagen, M. D. July 27, 1913. (Address) Hagerslown *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 4THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs. mos. ds. State yrs, mos. ds Where was disease contracted, If not at place of death?
(Informant, Alex Gioria Dyon Dyon (Andress) Co Yelslam my	Former or usual residence
6 160 7 2 the	Halfera ne sel 27, 1917

REGISTRAR

If more blanks are needed, address State Regis trar, 6 E. Franklin St./ Balto., Requesting V. S. No. 1.

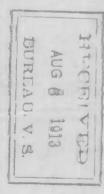
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[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Lealthful-(a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer or Planter, For persons (%)

Statement of cause of death—Name, first, the disease causing death—In all always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

ture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purrent scottchae cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the -Hart fallure," "Haemorrhage," "Inanition," "Maras genital," "Senile." etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably Bronchopncumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent "Old Age," "Shock." (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," 'Traemia," "Weakness," (name origin; "Can Examples:



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	Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should s	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is	important. See instructions on back of certificate.
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3 SEX

TAGE

ARENTS

16

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DATE OF BIRTH

BOCCUPATION (a) Trade, profession, or

particular kind of work. (b) General nature of industry, business, or establishment in

State or country)

10 NAME OF FATHER

11 BIRTHPLACE

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

OF FATHER (State or country)

which employed (or employer) -----

1 PLACE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 4 COLOR OR RACE MARRIED. WIDOWED, WIL

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;.....Ward)

[if death occurred to a hospital or institution, give its NAME Instead of street and number.]

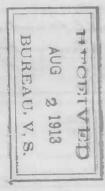
AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
COLOR OR RACE Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH 7 30 ,1912 (Month) (Day (Year)
(Write the word)	17 HEREBY CERTIFY, That I attended deceased from
Quar. 12 12/3	7/29 ,1913 , to 7/30 ,1913.
(Month) (Day (Year)	that I last saw h. As alive on 7/30
If LESS than	and that death occurred on the date stated above, at
yrs	The CAUSE OF DEATH* was as follows:
	angle and they
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ıstry, nt in	(Duration)mosds.
maryland	Contributory Secondary
Howard Ealele	(Signed) (Ouration) yrs mos ds.
	7/51, 191 2. (Address) Sharperby his
ne meryland	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL
Lena Guarely	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSPORT
intro) Inanulari of	OR RECENT RESIDENTS) At place In the of death yrs mos ds.
UE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
* Lable	Former or
	usual residence
tauplay Mid	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
5 1.M. B. 1 - 0	20 UNDERTAKER ADDRESS
, 191D / / / Lecaud	ON O
REGISTRAR	XI. O. Hellard Fairplay gol
If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an cated thus: should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional live is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—In the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING RESERVED FOR MARGIN V. S. No. 1.

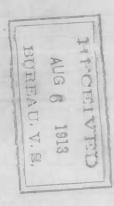
1 PLACE OF DEATH	STATE OF MARYLAND
County Washing Late 10073	CERTIFICATE OF DEATH Registration Dist. No. 3 0 /
Village or the Paral Catharin	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Femal Mute (Write the word)	18 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
March 1831 (Month) (Day) (Year)	that I last saw he allve on 1913,
7 AGE If LESS than 1 day, hrs. OR min. ?	and that death occurred on the date stated above, at
B OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	Joent asthirt (Ouration) 2 yrs. mos. ds.
9 BIRTHPLACE (State or country) Mary Land	Contributory Cardy Edward Course Condary) Ready (Duration) yrs mos 8 ds.
10 NAME OF Martin Bear	(Signed) A Safe M. D. M. D. Loueur
Z OF FATHER (State or country) Mary land	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Maryland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Informant) Marieu to Eakle	if not at place of death? Former or usual residence
15 Filed July 25, 1913 6-6. Richard Acad REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DATE OF BURIAL 20 UNDERTAKER ADDRESS RAGUEL RAGUEL ACTOR OF BURIAL DATE OF BURIAL RAGUEL RAGUEL
If more blanks are needed, address State Regis trar, 6	E. Franklin St. Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the business or indust, i, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None. ness. heen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative wealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

childbirth or miscarriage. as "Purreral septichaeetc., when a definite disease can be ascertained as the genital," cause of death approved by Committee on Nomencla "Contributory." scpsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from "Hart failure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nent neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., oI . ture of the American Medical Association.) mere symptoms or is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent "Old Age," "Shock." "Traemia," "Weakness," "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of terminal conditions, such as "As-(name origin; "Candeath), 29 ds.: Examples: 10



Village of the ar Big Pol (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in a hospifal or institution, give its NAME instead of street and number.]
2 FULL NAME JULISIPU CE	sposelo
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WITH the WORD)	16 DATE OF DEATH (Mo)th) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	, jel to 191 , 191 ,
(Month) (Day (Year)	that I last saw hour allower July 3 nd 1913
TAGE 1 If LESS than 1 day,hrs.	and that death occurred on the date stated above, at
B OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry,	Kitilrvafaceident - Struck by train
business, or establishmenf in which employed (or employer)	(Ouration) 775. mos. te.
State or country) Staly,	Secondary (Doration) vrs. mos. ds.
10 NAME OF WIKEOUVE	(Signed John Gutreney Pelling Corones M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 Maiden Name OF MOTHER	*State the DISEASE CAUFING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
Y OF MOTHER	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	Af place In the of deafh yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	Where was disease contracted, If not at place of death? Former or
(Address). Hagen bown, W.	19 PLACE OF BURIAL OR REMOVALY DATE OF BURIAL
16	20 UNDERTAKER ADDRESS
Filed , 191 REGISTRAR	Milester Vou Stagesthern
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. N. 1.

[Approved by U. S. Census and American Public Health Association.]

who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Mauager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; applies to each and every person, irrespective of age. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not material worked on may form part of the second it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Physician, Compositor, Architect, Locomotive engineer. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman,

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberentesis of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic ture of the American Medical Association. injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Coutheuia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenciaby carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train—acciwhich surgical operation was undertaken. "Contributory." is less defiuite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," etc. State Never report cause for For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG 2 1913
BUREAU, V.S.

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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 314 lif death occurred in St.:....Ward) a hospital or institution. give its NAME instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED, Warry (Day (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at f day.....hrs. OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in (Duratien) which employed (or employer) 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 4 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER (State or country) of death _____ yrs. ____ mes. .. State _____ yrs. ___ mos. Where was disease contracted. 14 THE ABOVE IS TRUE TO If not at place of death? Former or (Intermant) usuai residence DATE OF BURIAL 15 ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dnties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealcr," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the msease Grocery; (a) Foreman, (b) Automobile factory. The For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: But in many "Foreman," (%)

Statement of cause of death—Name, first, the misease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculessis of lungs, meninges, peritonacum, etc., Carcin-

scpsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and quality as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As valvular heart disease; Chronic interstitial nephritis. oma, Sarcoma, etc., of... ture of the American Medical Association.) cause of death approved by Committee on Nomencla-".Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railray train-acciaccidental, suicidal, or homicidal, or as probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the Bronchopneumonia affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of (secondary), 10 ds. "Dropsy," ... (name origin; "Can-The nature of the "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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BUREAU. V. S.

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ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD A PERMANENT stated EXACTLY. ciassified. PLAINLY, WITH UNFADING INK-THIS AGE DEATH in plain terms, so See Instructions on back of of Information should be CAUSE OF Important. S

N. B.

PLACE	OF	DEATH		10	2	12
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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.;....Ward)

[It death occurred in a hospital or Institution, give Its NAME Instead of street and nomber.]

2FULL NAME O MAN O	1 aun		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
Finale whet (Write the word)	16 DATE OF DEATH (Month) (Day (Year)		
6 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended deceased from		
(Mooth) (Day (Year)	that I last saw h alive on 9 4 3 2 1913		
7 AGE It LESS than	and that death occurred on the date stated above, atm,		
7/ wrs. // mas do 02hrs.	The CAUSE OF DEATH* was as follows:		
YIS MOS. OR MIN. ?			
(a) Trade, protession, or particular kind of work	1 seght person		
(b) General nature of Industry,			
business, or establishment in which employed (or employer)	(Ouration) yrs mos. ds.		
SBIRTHPLACE (State or country)	Gontributory Lear		
10 NAME OF FATHER Archabold Roller X	(Signed) (Doration) yrs mos. ds.		
11 BIRTHPLACE OF FATHER	, 191(Address)		
11 BIRTHPLACE OF FATHER (State or country) 12 Maiden Name OF MOTHER	*State the DISEASE CAUSING DEATH, OF, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-		
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs mos ds.		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,		
(Interment Mercy M Roch X	If not at place of death?		
10 in a	Usual residence		
(Address)	19 PCACE OF BURIAL OR REMOVAL DATE OF BURIAL		
Filed ug of 191. 2 P Dont	20 UNDERTAKER ADDRESS		
REGISTRAR	If Justin o Son Janaal, and		
If more blanks are needed, address State Registrar, 6 E Franklin St., Balto., Requesting V. S. No. 1.			

[Approved by U. S. Census and American Public Health
Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. who receive a definite salary), may be entered as (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return (b) Cotton mill; (a) Salesman, (b) "Laborer," If the occupation has As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICINAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. childbirth or miscarriage as "Puerperal septichacctc, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acciwhich surgical operation was undertaken. genital," The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of State cause for "Exhaustion," For VIO-



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10076 PLACE OF DEATH



STATE OF MARYLAND

CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in St :----Ward) a hospital or Institution, give its NAME lostead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 5 SINGLE, 4 COLOR OR RACE MARRIED, ALV WIDOWED, Write the word) I HEREBY CERTIFY. That I attended deceased from (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1230 4 m. 1 dayhrs. OR 7 BOCCUPATION (a) Frade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) ... which employed (or employer) -----9 BIRTHPLACE (State or country) Contributory (Secondary) 10 NAME OF FATHER PARENT OF FATHER (State or country) *State the DISHASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) _____ yrs. ____ mos. ____ ds. State yrs. ____ mos. ___ ds. Where was disease contracted. If not at place of death?_ usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 REGISTA

If more blanks are needed, address State Registrar, 6 E. Frankin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

statement. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is necbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc.. Carcin-

injury, as fracture of skull, and consequences (e. g., childbirth or miscarriage, as "Purperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malls oma. Sarcoma. etc., of ... Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Candeath), 29 ds.; Examples:



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

PLACE OF PEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
County Waskington	Registration Dist, No. 300
Village or City Karpsburg (No	St.; Ward) [If death eccurred in a huspital or institution, give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULAR	MEDICAL CERTIFICATE OF DEATH
ruale 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OROIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH Sec 13 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from 1915, to July 1915, that I last saw h
23 yrs. 6 mos. 18 ds. or. min.?	and that death occurred on the date stated above, at Abril 11 Qm, The CAUSE OF DEATH* was as follows: \$\frac{\partial}{2} abril 5 Mellibro
8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	Contributory (Secondary)
10 NAME OF FATHER William Fisher 11 BIRTHPLACE OF FATHER (State or country) Many land 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	(Signed) Joseph
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH.OF RESIDENCE (FOR HOSPITALS. INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds.
informant) Shahabura Md	Where was disease contracted, If out at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed 7/3/ 191.3 Chas N. Hoffmaster REGISTRAR	Thatsby y Md. July 4, 191.3 20 UNDERTAKER Last Millians Last
if more blanks are needed, address State Registra	ir, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second additional line is provided for the latter statement; cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative mealthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISTASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, (b) For persons

Statement of cause of death—Name, first, the disease causino death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. LENT DEATES state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 ds. affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably -Kart fallure," "Haemorrhage," "Inanition," "Narasmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis zer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of "Contributory." The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Examples:



BINDING FOR RESERVED MARGIN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. County WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD 3 6 7 PARENTS 14 16

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 306

illage or City (her Wille (No.	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead
FULL NAME Darney T	loy of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX ACOLOR OBRAGE SINGLE, MARRIED, WIDDWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 3, 1913 (Month) (Day (Year)
(Month) (Day (Year)	that I last saw h Am allve on July 3 191 3
AGE 1 LESS than t day,hrs. ORmin.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work. b) General nature of industry,	Lell out barn door
which employed (or employer)	(Duration) yrs mos ds.
(State or country) Smithebur Md	Contributory
10 NAME OF FATHER TO THE TOTAL OF FATHER OF FATHER OF FATHER	(Signed) John Anterey Coroner 10. 1913 (Address) Hagerstown M. 18.
(State or country) Milksburg / // 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in denths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Multiplication (State or country)	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INATITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot death yrs mos ds
(Informant) SERVE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death? Former or usual residence
(Address) Anuthsburg MA	19 PUACE OF BURIAL OR REMONAL DATE OF BURIAL 20 MODERTAKEA 1/1913
REGISTRAR If more blanks are needed, address State Regist	yes & Hoover Knutkeburg
/ Indie bining are needed, address State Regist	Tar. 16 E. Franklin St. Raito Doquosting V S No 1

10078

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired, 6 yrs.) For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubcrcutesis of lungs, meninges, peritonaeum, etc., Carcin-

oma, Sarcoma, etc., of...... (name origiu; "Can uant neoplasms); Measles; Whooping cough; Chronic cer" is less defiulte; avoid use of "Tumor" for maligsuch, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the nus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemla" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "Asaffectiou need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabily LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. by earbolic acid-probably suicide. The nature of the The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), may be stated uuder (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," State cause for Never report the head

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permagently filed.

AUG 1 1913

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SEP 13 1913 DUISAU V.S.

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN

Village or City Williams post (No. Pot	CERTIFICATE OF DEATH Registration Dist. No. 43 0 St.; Ward) [If death occurred in a hospital or institution, give its NAME instead
FULL NAME Monis alexan	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mull Shite Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 1 HEREBY CERTIFY, That I attended deceased from
Month Day (Year)	July 1 1913 to July 1 1913 that I last saw h malive on July 1 1913
7 AGE . If LESS than 1 day,hrs. ORmln. ?	and that death occurred on the date stated above, at 9 a. m The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of Industry,	Quantin
business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Gontributory Courses Courses
10 NAME OF Chay Thony	(Gigned) X Paller Lagrand. M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 Mail of Mother OF MOTHER 7	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Mary and	TO LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yrs mos ds. Where was disease contracted,
(Informant) Wallury Shift May	If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed July 4th 1913 6, 6, Rickard REGISTRAR	Millimshing flad Judy St., 1914 20 UNDERTAKER / ADDRESS / Marks & Lead.
	trar, 6 E. Franklin St., Baltol, Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

dnties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when ueeded. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gaiufully employed, as At school or At home. Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer For many ocenpations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Pnenmonia"); lcsis of lungs, brospinal meningitis"); Diphtheria (avoid nse term for the same disease. Examples: Cercbrospinal CAUSING DEATH (the primary affection with respect to ("Pneumonia," fevor (the only definite syuonym is "Epidemic ceretime and cansation), using always the same accepted Statement of cause of death-Name, first, the DISEASE Typhoid Lobar pneumonia; Bronchopneumonia meninges, peritonaeum, etc., unqualified, is indefinite): Tubercufever (never report "Typhoid Carcin-

> "Contributory." scpsis, tctanus) may be stated under the head of LENT DEATHS state MEANS OF INJURY and qualify as mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhanstion," oma, Sarcoma, etc., of...... (name origin; "Canture of the Americau Medical Association.) eause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Mcasles; Whooping cough; Chronic "Heart failure," "Hacmorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tnmor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease eansing (Recommendations on statement of State cause for death), 29 Never report



V. S. No. 1.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Coi	PLACE OF DEATH 10080 unty Masluglou	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 30 7
Vii	FULL NAME Mary aref Louise	Tous the series of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WINDOWED, ORDIVORCED ORDIVORCED (Write the word)	16 DATE OF DEATH (Mon/th) (Day) (Year)
6 DA	TE OF BIRTH (Month) (Day) (Year)	that I last saw h. 42 alive on July 19" 1913
7 AG		and that death occurred on the date stated above, at
(a) in part (b) busin whice	CUPATION Frade, profession, or icular kind of work	(Duration) Tax dynam mos. ds Gentributory (Secondary)
	10 NAME OF Sauce Toroffice 11 BIRTHPLACE	(Signed) Chas B Boye M. D
ARENTS	OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH OF, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
	13 BIRTHPLACE OF MOTHER (State or country) Marfaud	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death
	Informant, Sauce To the gest of MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or usual residence
16 File	(Address) La gerstour M. 4. 1913 - 1913 Herry Davisher Registran 11 more blanks are needed, address State Regis trar, 6	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS E. Franklin St., Balto., Requesting V. S. No. 1.
	100/4	

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., ness of various pursuits can be known. The question tion is very important, so that the relative wealthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer or Planter, As examples:

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

scpsis, tctanus) ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably childbirth or miscarriage. as "Puerperal schtichacmus," "Old Age," "Shock." genital," "Senile," etc.), "Dropsy," "Exhaustion," "Haemorrhage," "Inanition," "Marasample: Measles (disease causing death), 29 ds.: ture of the American Medical Association.) cause of death approved by Committee on Nomencla injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Tuenperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malls oma. Sarcoma. etc., of .. "Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head 'Traemia," "Weakness," _ (name origin; "Can Examples:

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If this certificate is looked over thoroughly and all qurations answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG 8 1913 BUREAU. Y. S.

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	PLACE OF DEATH 10081	STATE OF MAR	YLAND
	· Oracle to	CERTIFICATE OF	DEATH
Gol	inty Hashington	Registration Dist.	W-362
	7/ +	A Registration Dist.	No.
Vill	age or City Nageration (No. 23	du st: 3 Ward)	[If death occurred in
	Marrisger &	the state of the s	a hospifal or Institution, give Ifs NAME Instead
		alous	of streef and number.]
	2FULL NAME 4		•••
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CENTIFICATE OF	DEATH
3 SE	X 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH	1) 1013
M	widowed, H	(Month)	(Day (Year)
11	all white or or over the word) wy	I HEREBY CERTIFY, That I	attended deceased from
e DA	TE OF BIRTH	Ceful 7 , 1913, to Jul	7 12 , 1913
ř	UCF 1, 1835	that I last saw h allye on	4/2 1913
TAG	(Month) (Day (Year)		720
MO	1 day,hrs.	and that death occurred on the date stated a	bove, at m
	yrsds. ORmin.?	The CAUSE OF DEATH* was as follows:	
	CCUPATION	aneno sclesos	C-0
	Trade, profession, or Returns Farmer		
(b)	General nature of industry.		301777000
busi	ness, or establishment in	(Duration)	yrsds
	ch employed (or employer)	Contributory	
	RTHPLACE (State or country)	Secondary	
	10 NAME OF	(folterud)	VIS MOS ds
	FATHER TOTAL STATE A	(Signed)	0 M. D
S	11 BIRTHPLACE	July 13 1913 (Address) Hag	esstaun.
EN	OF FATHER (State or country)		in deaths from Vicinary
8	12 MAIDEN NAME	*State the Disease Causing Death, or, Causes. state (1) Means of Injury; and TAL, Suicidal, or Homicidal.	(2) whether Acciden
PARI	OF MOTHER	18 LENGTH OF RESIDENCE (FOR HOSPITALS, 1	
	13 BIRTHPLACE	OR RECENT RESIDENTS) Af place	- HANSIENTS
	OF MOTHER (State or country)	of death yrs mos ds. State	yrs, ds
14 _T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease confracted, If not af place of death?	
		Former or	**************************************
(Informant) William Higher	usual residence	. 000mt 201 aan n n n n 22 oo o o o o o o o o o o o o
	(Address) Nagustilu Md.	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
15	7/11	Boosshero	114 , 1913
File	1/14 1913 Henry Davis	20 UNDERTAKER	ADDRESS
	REGISTRAR	Watking & Munich	Hag Md
	If more blanks are needed, address State Regist	trar, 6 E. Frauklin St., Balto., Requesting V. S.	No. 1.

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[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not dutles of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question cated thus: been changed or given up on account of the disease gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, naut neoplasms); Measles; Whooping cough; Chronic etc., when a definite disease can be ascertained as the mere symptoms or terminal conditious, such as "As ample: Measles (disease causing affection need not be stated unless important. oma, Sarcoma, etc., of..... (uame origin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopucumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of death), 29 ds.; "Exhaustion," For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG 6 1913
BURDAU, V. S.

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CORD	Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.
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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	XACTLY. statemen
PERM	stated Exact
S IS A	iassified.
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DING	suppli may
UNFA	Every Item of Information should be carefully su CAUSE OF DEATH in plain terms, so that It mi Important. See instructions on back of certificate.
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	Every CAUSE Import

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PLACE OF DEATH
County Washington 10082

184

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 50

Village or City Hagerstown (No. 427, N. Mulberry St.; 4" Ward)

[If death occurred in a hospifal or institution, give its NAME instead of street and number.]

FULL NAME Anna Virginia Hadley

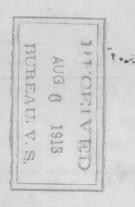
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL	CERTIFICATE	OF DEATH		
³sı fer	nale	*COLOR OR RACE	5 single, MARRIED, WIDOWED, ORDIVORCED (Write the work	lngle	16 DATE OF DEATH	(Month)	(Day (Year)
6 D	ATE OF BIRT	Februar	y 12"	, 1913 (Year)	7/7 19	1.3., to	7 - ,191 3
7 A	GE	yrs. 4	mos. 26 ds.	If LESS than f day,hrs.	The CAUSE OF DEATH*	was as follows:	,
(a)	CCUPATION Trade, profession rficular kind of General nature	workNOTIG	***************************************		Mero	3 lil	- Si
bus	iness, or esfa ich employed (o		•••••	***************************************			yrs. mos. ds.
9 BIRTHPLACE (State or country) Maryland.		Secondary					
Charles Hadley. Of Father Charles Hadley.			A /	Smelle	, N. D.		
		*State the DISPASE C	AUSING DEATH	or, in deaths from Violent and (2) whether Acciden-			
PARE	12 MAIDEN OF MO	THER	M. Rezis	е.			LS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Penna.		At place	In the				
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Charles Hadley		If nof af place of deafh? Former or usual residence					
(Address) # 427 N. Mulberry Street.		19 PLACE OF BURIAL OF		DATE OF BURIAL			
		Rose Hill Cem	etery	July 9" ,19t 3			
FI	led / O	1910/6	777	REGISTRAR	C. M. Suter	& Son	Hagerstown Md
		If more blanks a	re needed, addres	s State Regis	trar, 6 E. Franklin St., Balto		

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. who have no occupation whatever, write None. eated thus: Farmer (retired 6 yrs.) For persons eausing dearif, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necbeen changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when ueeded. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (4)

pneumonia"); Lobar pneumonia; Bronchopneumonia brospinal meniugitis"); Diphtheria (avoid use lesis of lungs, fover (the only definite synonym is term for the same disease. Examples: Cerebrospinal time and causatiou), using always the same accepted causing death (the primary affection with respect to ("Pneumonia," Statement of cause of death-Name, first, the DISEASE Typhoid meninges, unqualified, is indefinite): Tubercufever (never peritonacum, etc., report "Typhoid "Epidemic cere-Carcin-

> Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State eause for childbirth or miscarriage as "Puerperal septichacthenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) eause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Convalvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of... "Contributory." injury, as fracture of skull, and eousequences (e. g., "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; "Senile," etc.), (Recommendations on statement of (name origin; "Can-"Dropsy," The nature of the "Exhaustion," Never report For vio-



PERMANENT UNFADING

D 19 PHYSICIANS shoul RECORD Cia properi supplied. terms, plain See instructions Information = DEATH 0 !tem OF Important. Every th m ż

certificate. 90 back

16

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilt death occurred in .Ward) a hospital or institution, give its NAME instead rick Hamma of sfreet and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE DATE OF DEATH MARRIED, WIDOWED. ORDIVORCED (Write the word) (Montal (Day (Year) DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above f day hrs. OR min. ? BOCCUPATION (a) Trade, profession, or parficular kind of work. (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) Vrs...... mos... Contributory BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER 11 BIRTHPLACE PARENTS OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from FIGLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)

18 LENGTH OF RESIDENCE (FOR H OR RECENT RESIDENTS)	OSPITALS, INS	TITUTIONS	TRANSIEN	Т
At place	In the			
of death yrs mos ds. Where was disease confracted,		yrs,	mos.,	d
If not at place of death?	0.0000000000000000000000000000000000000	~~~~~~~~~~~	**************************************	
usual residence			3	

REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: gainfully employed, as At school or At home. Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional live is provided for the latter statement; ness of various pursuits can be known. The question who have no occupation whatever, write None CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations "Mauager," "Dealer," etc., without more precise specistatement. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that faet may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenela-"Contributory." scpsis, tctanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or misearriage as "Puerperal septichae ete., when a defiulte disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronie interstitial nephritis, uant neoplasms); Measles; Whooping eough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the Bronchopneumonia (secondary), 10 ds. The eentributory (secondary or intercurrent) "Old Age," "Shoek," "Uraemia," "Weakness," Always qualify all diseases resulting from Meastes (disease eausing death), 29 ds.; (Recommendations on statement of may be stated under State cause for the head of Never report



ECORD	HYSICIANS should
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.
UNFADING INK-TH	that it may be properly certificate.
RITE PLAINLY, WITH	Every Item of information should be carefully sur CAUSE OF DEATH in plain terms, so that it ma important. See instructions on back of certificate.
W	Every Item CAUSE OF Important.

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in a hospital or institution. give Its NAME Instead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 18 DATE OF DEATH 4 COLOR OR RACE MARRIED, WIDOWED, (Month) (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 40,000 m. 1 day hrs. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) ot death yrs. mos. ds. State yrs. ____ mos. __ Where was disease contracted. If not at place of death? Former or (Informant) usual residence. (Address) 16 20 UNDERTAKER REGISTRAR

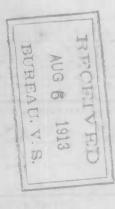
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. statement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing dearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuligitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Pupaperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUEBPERAL peritonitis," etc. etc., when a definite discase can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Seuile," etc.), "Dropsy," "Exhaustiou," "Collapse," "Coma," "Convulsions," "Debility" ("Coutheula," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secoudary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Cauis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) Always qualify all diseases resulting from (Recommendations on statement of may be stated under State cause for Never report For vio-



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N. B.-

PLACE OF DEATH 10085

(120)

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 3

Village or City Hagerstown (No. 608, Washington Avest; 1" Ward)

[It death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME Edward Herrmann Jr.

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX	WARE	RIED,		(Day (Year)
-	TE OF BIRTH			SA TO SUCCESSION STATE STATE
	July (Month)	5", 1.913 (Day (Year)	that I last saw h allve on	Ly 5 1913
7 AGE		it LESS than t day,hrs.	and that death occurred on the date state. The CAUSE OF DEATH* was as follows:	
(a) T parti	CUPATION rade, profession, or None cular kind of work None		Talent for	mum Ovale
busin	General nature of Industry, ess, or establishment in None t employed (or employer)	••••		yrsds.
9 BIR	State or country) Maryland.		Secondary (Burstian)	yrsmosds.
	ONAME OF FATHER Edward Herrn	ann	(Signed) Mamons	N. D.
11 BIRTHPLACE		*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-		
PAREN	12 MAIDEN NAME OF MOTHER Claire Mul	lenix	18 LENGTH OF RESIDENCE (FOR HOSPITAL	
	13 BIRTHPLACE OF MOTHER (State or country) Maryland		At place in the of death yrs mos ds. State	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		Where was disease contracted,		
(1	ntormant) Mrs. Edward Herr	mann	Former or usual residence	-
	(Address) # 608 Washingto	n Ave.	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
15 A	1/5 01	0 '	Rose Hill Cemetery	July 6" , 191 3
Elled	1913 AMUN	y Nauso	20 UNDERTAKER	ADDRESS
1		REGISTRAR	C. M. Suter & Son	Hagerstown, Md
	If more blanks are need	ded, address State Regis	strar, 6 E. Franklin St., Balto., Requesting V.	S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations "Manager," "Dealer," etc., without more precise specistatement. cated thus: Farmer (retired 6 yrs.) For persons CAUSINO DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first live will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of agc. ness of various pursults can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. Physician, Compositor, Architect, Locomotive engineer. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman,"

lesis of lungs, pneumonla"); Lobar pneumonia; Bronehopncumonia brospinal meningitis"); Diphtheria (avold use term for the same disease. Examples: Cercbrospinal CAUSING DEATH (the primary affection with respect to ("Pneumonia." "Croup";) fever (the only definite synonym is time and causation), using always the same accepted Statement of cause of death-Name, first, the DISEASE Typhoid meninges, peritonacum, etc., unqualified, ls indefinite): Tubercufever (never report "Typhoid "Epidemic cere-Carcin-

> mia," "Puerperal pcritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclasuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) tctanus) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of may be stated under "Dropsy," "Exhaustlon," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

FOR BINDING MARGIN RESERVED

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT PLAINLY, WITH UNFADING INK-THIS IS

10086

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

2FULL NAME Wilfred Mr. Ca	Additional st.; Ward) a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
"SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED SUPPLE (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH July 2 , 19/3 (Month) (Day (Year)	that I last saw h Lee allve on July 975 , 1913.
7 AGE If LESS than t day,hrs. ORmin.?	and that death occurred on the date stated above, at
a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	Swall weak five buth (Ourstion) yrs mos. 7 ds.
OF STATE OF COUNTRY) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) 15 Filed 1913 Party Carry (Address)	Contributory Secondary Secondary (Signed) *State the Disease Causing Death, of, in deaths from Violegy Causes, state (1) Means of Indury, and (2) whether Accidental, Suicidal, or Homicidal. 16 Length of Residence (for Hospitals, Institutions, Transients, or Recent Residents) At place in the of death yrs. mos. ds. State yrs, mos. ds Where was disease contracted, if not at place of death? Former or usual residence. 19 Place of Burial or Removal Place of Burial or Removal Date of Burial Address Address
REGISTRAR If more blanks are newled, address State Regist	Trans & Franklin St. Balto Deputation V. S. J. 18 10 WW.

WRITE

[Approved by U. S. Census and American' Public Health Association.]

should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. Physician, Compositor, Architect, Locomotive engineer For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

pneumonia"); Lobar pneumonia; Bronchopneumonia lesis of lungs, brospinal meningitis"); Diphtheria (avoid use fever (the only definite synonym is "Epidemic cereterm for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to ("Pneumonia," Statement of cause of death-Name, first, the DISEASE Typhoid unqualified, is indefinite): Tubercumeninges, peritonaeum, ctc., fever (never report "Typhoid

> valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can-Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debllity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of "Exhaustion," Never report For vio-



Village or City Haguston (No 249)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 22 St.; 3 Ward) [If death occurred in a hospital or institution, give its NAME instead
FULL NAME John W. Hoon	of street and number. I
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male * White Single, Married, Wibower, Word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	191 to luly 9" 1913
(Month) (Day (Year)	that I last saw h ken allive on July 9" ,1913.
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 145 am The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or High Watchman particular kind of work High Watchman (b) General nature of Industry, business, or establishment in	(Duration) Z yrs. — mos. — ds.
which employed (or employer) 9 BIRTHPLACE (State or country)	Contributory Acity + Secondary Meart Jacking (Buration) (17) vre (17) mas least de
10 NAME OF Christian Harry	(Signed) (Quration) (72 yrs (2) mos fact ds (Signed) (Signed) (Description M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent
4 of Mother and Wright	CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place in the of death yrs, mos ds. State yrs, mos ds
(Interment) Mo, I The BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place ot death? Former or usual residence.
(Address) Hageratom Md. 16 7/10-1913 Henry Davi	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS
REGISTRAR	Hatkins V. Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

eated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as it should be used only when needed. As examples: Civil engineer, Stationary freman, etc. But in many first iine will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) Farmer or Planter, "Foreman."

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eere-brospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," unqualified, is indefinite): Tuberen-lesis of lungs, meninges, peritonaeum, etc., Carein-

eer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) canse of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under injury, as fracture of skull, and consequences (e. g. such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia,2 "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecanse. Always qualify all diseases resulting from ete., when a definite disease can be ascertained as the genital," "Senlle," etc.), "Dropsy," "Exhanstion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canby earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aceidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which snrgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. The contributory "Old Age," "Shock," "Uraemia," "Weakness," Meastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State canse for the head Never report For vio-



S. No.

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PHYSICIANS should state. PHYSICIANS RECORD statement PERMANENT stated EXACTLY. Exact properly classified. 4 UNFADING INK-THIS IS pinous AGE carefully supplied. o that it may be p DEATH in plain terms, so See instructions on back of PLAINLY, WITH be pinous of information WRITE CAUSE OF Important. S

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County Washing ton



~ 1	DIAIL OF MARTLAND	
1	CERTIFICATE OF DEATH	I
9	Registration Dist. No. 30	19
402010000000000000000000000000000000000	St.; Ward) lif death	

Village or City Tunks lown (No,	St.;Ward) [If death occurred in a hospital or institution,
FULL NAME Warrson &	give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Mite SoloROR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	that I last saw h in allve on July 7 1913
7 AGE If LESS fhan 1 day,hrs. ORmin.?	and that death occurred on the date stated above, atm The CAUSE OF DEATH* was an follows!
BOCCUPATION (a) Trade, profession, or parficular kind of work	Capillary Gronefitis 6 days
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs mos. ds
9 BIRTHPLACE (State or country)	Gentributory Secondary
10 NAME OF William Auff	(Signed) 2. 11. (Address) Lagerstown Ma
OF FATHER (State or country Tee Tarm W. Va.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Ramond Wila.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) Af place of death yrs, mos ds. State yrs, mos ds
(Informant) Control of the BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or usual residence
(Address) Tunkstown Mil	19 PLACE OF BURIAY OR REMOVAL PATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNBERTAKER

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is uec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not puld Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canvalvular heart disease; Chronic interstitial nephritis. ccr" is less definite; avoid use of "Tumor" for maligthenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection ueed not be stated unless important. such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably ture of the American Medical Association.) The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head (Recommendations on statement of (secondary or intercurrent) State cause for Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence, All the data is essential and must be obtained before the certificate is permanently filed.

AUG : 1913

Lead pence

SEP 13 1913

EUM 1. 0. 1. 5.

RECORD	PHYSICIANS should state t of OCCUPATION Is very
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in pisin terms, so that it may be properly classified. Exact etatement of OCCUPATION is very important. See instructions on back of certificate.

haskington

STATE OF MARYLAND CERTIFICATE OF DEATH

		Registered No. 30 S
Vi	llage or City Clearsfiring (No	St; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	Well White Single, Marrieo, Widness (Write the word)	16 DATE OF DEATH Suly 3 198 (Month) (Day) (Year) 17
6 D	(Month) (Day) (Year)	fully 39 7 1913, to fully 312, 1913, that I last saw here alive on July 312, 1913.
7 AC	If LESS than 1 day, hrs. or min.?	and that death occurred on the date atted above, at. 3 m, The CAUSE OF DEATH* was as follows:
(a) par	Trade, prefession, or ticelar kind of work. Seneral nature of industry,	Diani Ginemis
bus whi	RTHPLACE (ate or country) Chambershee To	Contributory (Secondary) (Duration) yrs mos ds. (Duration) yrs mos ds.
S	10 NAME OF Berry 4! Hell 11 BIRTHPLACE	(Signed) Jorathan Perry N. D. Que Land 191 3 (Address) Charling Ind
ARENTS	OF FATHER (State or country) 12 MAIDEN NAMES of Mary Baruca'd	*State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
ď	13 BIRTHPLACE OF MOTHER (State or country)	At place and presidence (for Hospitals, Institutions, Transients, or Regent Residents) At place lo the of death yrs, mes, ds.
	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Beryamin F. Hall	Where was disease contracted, If not at place of death? Former or usual residence
15 File	(Address) Clearafung Ind.	Curcle Card DATE OF BURIAL Curcle Card Curcle Card Curcles Card Curcles Con 1913 20 UN DERTAKER From the Bross the Constitutions

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. statement. additional line is provided for the latter statement applies to each and every person, irrespective of age. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfuiwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. it should be used only when needed. Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) As examples: For persons (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

etc., when a definite disease can be ascertained as the ampie: Meastes (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig-Accidental drowning; Struck by railway train-accimia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichae cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," genitai," "Senile," etc.), "Collapse." "Coma," "Convuisions," "Debility" ("Concause of death approved by Committee on Nomenclasepsis, tetanus) injury, as fracture of skull, and consequences (e, g, by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras. thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. oma. Sarcoma. etc., of ture of the American Medical Association.) "Contributory." The contributory (secondary or intercurrent) (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," (name origin; "Can-State cause for Never report Examples:



	S should	ATION I	
RECORD	PHYSICIAN	of OCCUP	
PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	rmation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should	in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is	
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HIS	shoul	ly cia	
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state very CAUSE OF DEATH Important. See instri

1 PLACE	OF	DEATH	
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10090

County Washington



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No....

Village or City Hagerstown	(No. 101	McComas
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St.4"Ward) [if death occurred in a hospifal or institution, give its NAME instead of sfreet and number.]

Emily Unil

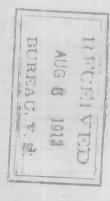
	PERS	SONAL AND STATISTIC	AL PARTICULA	RS	MEDICAL CERTIFICATE	OF DEATH
3 SE	emale	*COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, ORDIVORCED, (Write the Swio	recle	16 DATE OF DEATH July 26	(Day (Year)
	ATE OF BIR	TH			11-11-01	ruly 2 6 1913
		December (Month)	r 15"	, 1918.	1////	filly 2 (1913
7 AC	GE ,		nos11 ds.	If LESS than t day,hrs.	and that death occurred on the date star The CAUSE OF DEATH* was as follows	
(a) pai		ion, or workNone	***************************************	*****	Inanition.	
bus	General natural iness, or esta ch employed (o	e of Industry, ablishment in None or employer)		***************************************	(Duration)	yrs mos. /j ds.
9 81	RTHPLACE (State or co	ountry) Maryland	1.		Contributory Secondary	775 _ mos /5 ds
	10 NAME (Peter Hull			(Signed) J. R. Lang	lelin, M. D
ENTS	12 MAIDEN NAME		*State the DISEASE CAUSING DEATH,			
PARE			TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITAL)	and (2) whether Acciden-		
			Af place in the of death yrs mos ds. Sfat			
	HE ABOVE	Poter Hull		LEDGE	Where was disease contracted, If not at place of death? Former or	***************************************
	(IIIIOI IBAIII)				usual residence	**************************************
	(Address)	# 101 McCom	las Stree	et.	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
15	7/4	c 4 %	2	L	Rose Hill Cemetery.	July 28" ,1913
FII	Filed 191 REGISTRAR			COLO.	C. M. Suter & Son	Hagerstown Md

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. The duties of the household only (not paid Housekeepers cated thus: Farmer (retired 6 yrs.) For persous should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write Nonc. CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indlvery important, so that the relative healthful-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing disease. Examples: Cerebrospinal fever (the only defiuite synouym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcists of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgeuital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; oma, Sarcoma, etc., of.. injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopncumonia (secondary), 10 ds. is less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from ... (name origin; "Can-State cause for Never report



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state can be an back of certificate. MARGIN RESERVED FOR BINDING

Village or City That Sand	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 3 9 [if death occurred in a hospital or institution, give its NAME instead of streef and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR OIVORCEO (Write the word) (Month) (Day) (Year)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY. That I attended deceased from
TAGE STELL BUT 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
(b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER OF FATHER OF FATHER (State or country)	(Duration) yrs. mos. ds. Contributory (Secondary) (Duration) yrs. mos. ds. (Signed) Address) Hagerstown M.D.
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS) Af place in the of death yrs. mos. ds. State yrs, mos. ds. Where was disease contracted, if not at place of death?
(Informant) (Address) 15 Filed July 2 U. 1913 M. L. Mullu REGISTRAR 11 more blanks are needed, address State Registrar, 6	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER ADDRESS Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the disease gainfully employed, as At school or At home. Care Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers who receive a definite saiary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. .. Never return "Laborer," "Foreman," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples: For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing disease to the same accepted term for the same disease. Examples: Cerebrospinal Tever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease.); Lobar pneumonia; Bronchopncumonia ("Theumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinoscipalism of the disease of lungs, meninges, peritonaeum, etc.. Carcinoscipalism of lungs, meninges, peritonaeum, etc...

"Contributory." ture of the American Medicai Association.) cause of death approved by Committee on Nomenciasepsts, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPEBAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaesuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 affection need not be stated uniess important. valvular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of nant neopiasms); Measles; Whooping cough; Chronio The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," \etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-Never report Examples:



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THE PROPERTY OF SHIP WITH SHIP WITH STREET	AGE	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is	
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	N. BEvery item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should	O	=
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state

10092



STATE OF MARYLAND

C	ountyWa	shington		1/6		n Dist. No. 302
•					Forest Drive st; 5	Ward) [if death occurred in a hospital or institution, give its NAME instead of street and number.]
=		ONAL AND STATISTIC			MEDICAL CERTIFICA	
35	ex female	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the gypn	dim l o	16 DATE OF DEATH July	
	ATE OF BIRT		14	, 1.912 (Year)	17 I HEREBY CERTIFY, 2/, 1913, to that I last saw h	
7 A	GE	1 yrs. 2	mos. 17 ds.	If LESS than 1 day,hrs. ORmio.?	and that death occurred on the date s The CAUSE OF DEATH* was as follo	
(a pa (b) bus	CCUPATION) Frade, profession rticular kind of was General nature siness, or establish employed (or	vorkNONE of industry,			(Duration)yrsmos0_ds-
	IRTHPLACE				(Docondary)	yrs
	10 NAME O FATHER		ode .		(Signed) M. M. Nihis	e, N. D.
ENTS	OFFATHER (State or country) Maryland.		*State the DISEASE CAUSING DEATH, or, in deaths from VIOLEN. CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN.			
PAR						
13 BIRTHPLACE OF MOTHER (State or country) Maryland.					At place in of death yrs mos ds. S	the
	(Informant)	s true to the bes David Knode		.EDGE	Where was disease contracted, If oot at place of death? Former or	
	(Address)	Romest Dri	y e		19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
15	7/1	3 260	um Da	14.	Rose Hill Cemetery	July 211 , 191.3

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

M. Suter & Son

Hagerstown, Md.

[Approved by U. S. Census and American Public Health Association.]

tion is very important, so that the relative mealthfulduties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations minc, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinoses

childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis er" is less definite; avoid use of "Tumor" for mailsture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accinant neoplasms); Measles; Whooping cough; Chronia oma. Sarcoma. etc., of __ The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of (name origin; "Candeath), 29 Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG 6 1918
BUREAU, V.S.

PLACE OF DEATH	STATE OF MARYLAND
County Was line at 10093	CERTIFICATE OF DEATH
County that grow	Registered No. 30 7
Village or City Gapland (No.). PULL NAME David C Lo	St; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male White Single, Widowed, With the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Opril 27, 1898 (Month) (Day) (Year)	that I last saw h in alive on July 22 , 1913
7 AGE 11 LESS than 1 dayhrs. 0 ormin.?	and that death occurred on the date stated above, at
e occupation (a) Trade, profession, or particular kind of work. (b) General nature of industry,	Jyphond-Jewes
business, or establishment in which employed (or employer)	Gontributory (Secondary)
(State or country) Washin Co Mid 10 NAME OF FATHER Ondrew Capole 11 BIRTHPLACE OF FATHER (State or country) Wash, Co, Md.	(Signed) a L. Blessing, M. D. July 23, 191 3 (Address) 2 april and my *State the Dispass Causing Dwart of an deaths from Management
13 BIRTHPLACE OF MOTHER Wash, Co. Md.	CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of deathyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) And Agriculture	of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, If not at place of death? Former or usual residence.
Filed Geoly 22, 1913, 20 D. albin Deputy Local REGISTRAR	Date of Burial or REMOVAL Samples Warner 7. 24 , 1913. 20 UNDERTAKER ADDRESS Redrovel of Manner
If more blanks are needed, address State Registrar	, C. E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necness of various pursuits can be known. The question CAUSING DEATH, state occupation at beginning of Ill-Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. "Manager," "Dealcr," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Groccry; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the diskass causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerchrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Fneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonacum, etc.. Carcin-

childhirth or miscarriage, as "Puerperal septicharmus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (mercly symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; cer" is less definite; avoid use of "Tumor" for malig cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver round of head-homicide; Polsoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. For viomia," "Puepperal peritonitie," etc. State cause for etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neopiasms) : Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... ture of the American Medical Association.) Bronchopncumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent (name origin: "Can-Never report Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JUL 7 1918
BUREAU, V.S.

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N.B.

PHYSICIANS should state of OCCUPATION is very RECORD AGE should be stated EXACTLY. properly classified. Exact statement PERMANENT < UNFADING INK-THIS IS AGE carefully supplied. o that it may be pi of information should be c. DEATH in plain terms, so See instructions on back of PLAINLY, WITH CAUSE OF I

Village or City Manual 10094

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 30 8

St.;	Ward
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[If death occurred in a hospital or institution, give Its NAME instead of street and number.]

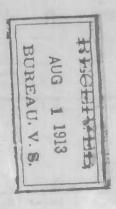
FULL NAME Hahala). Les	ot street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Ferral Mit (Write the word) 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED, ORDIVDREE (Write the word)	16 DATE OF DEATH 26, 191.3 (Year)
6 DATE OF BIRTH (Month) (Day (Year)	that I last saw here alive on July 25, 1913
7 AGE 1 LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 2:20 Pm, The CAUSE OF DEATH* was as follows:
* OCCUPATION (a) Trade, profession, or particular kind of work.	
(b) General nature of Industry, business, or establishment in which employed (or employer)	misral smruff (Darations yes most us.
9 BIRTHPLACE (State or country)	Contributory Secondary Contributory (Duration) yrs
11 BIRTHPLAGE 11 BIRTHPLAGE 11 BIRTHPLAGE	(Signed) ap Clauxfer, M. D.
11 BIRTHPLAGE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, or Homicipal.
of MOTHER Suran Fasnacht,	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country)	At place In the ot death yrs mos ds. State yrs mos ds Where was disease contracted,
(Informant) Charles Lehran	If not at place of death? Former or usuai residence.
(Address) Gagustons Ald R7.8,	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 29 , 1913.
Filed July 261913 JAW shirt	20 UNDERTAKER MANNE L Han Md
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. it should be used only when needed. As examples: essary to know first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, (a) the kind of work and also (b) return "Laborer," If the occupation has "Foreman,"

Statement of cause of death—Name, first, the disease causing dearn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobur pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberenlessis of lungs, meninges, peritonacum, etc., Carcin-

such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaemus," "Oid Age," "Shock," "Uraemia," "Weakness," "Coliapse," "Coma," "Convulsions," "Debility" ("Conample: Mcasles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skuii, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for mailg-The contributory (secondary or intercurrent) tetanus) Aiways qualify aii diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head (Recommendations on statement of State cause for For Vio-



SICIANS should RECORD statement PERMANENT EXACTLY. classified. 4 properly hi 5 led. be FADING may certificate. 80 Jo WITH back terms, should CO Instructions plai Information 2 DEAT See 30 Item OF mportant. Every It

N. B.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No..... Ilf death occurred in Viliage or City St.:...Ward) a hospital or institution, give its NAME lestead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 18 DATE OF DEATH MARRIED. WIDOWED, (Month) (Write the word) (Day (Year) I HEREBY CERTIFY, That I attended deceased from (Month) (Dav TAGE It LESS than and that death occurred on the date stated above, at a 1 day hrs. OR 7 8 OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER (Signed 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or count of death yrs. mos. State yrs. ____ ds _ ds. Where was disease contracted. If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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> oma, Sarcoma, etc., of...... (name origiu; "Canample: Mcastes (disease causing death), 29 ds.; cer" is less definite; avoid use of "Tumor" for maligsuch, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. ctc., when a defiuite disease can be ascertained as the nus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Seuile," etc.), "Dropsy," "Exhaustlou," theuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, naut neoplasms); Meastes; Whooping cough; Chronic cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dont; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae-"Collapse," "Coma," "Convulsions," "Debility" ("Cou-Bronchomeumonia (secoudary), 10 ds. ture of the American Medical Association.) The contributory (secondary or lutercurrent) Always qualify all diseases resulting from (Recommendations on statement of State cause for Never report

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1 5 1913

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RECORD	PHYSICIANS of OCCUPA	1
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	ry item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shall be DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATIO	
IS A PE	d be stated	
K-THIS	AGE shoul	
DING IN	supplied.	te.
H UNFA	e carefully so that it	of certifica
LY, WITI	should be	s on back
E PLAIN	Information ATH in pla	instruction
WRIT	Item of SE OF DE	ortant. See instructions on back of certificate.
	L -	0

STATE OF MARYLAND 1 PLACE OF DEATH 10096 CERTIFICATE OF DEATH County Washington ould a Registration Dist. No. 20 Village or City Hagerstown (No Wash. Co. Hospital St: 8" Ward) FULL NAME Miss Agnes Jane McAtee. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED, (Month) Write the wordsingle female white I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH 7 7 18 June 1829. (Month) (Day (Year) TAGE It LESS than and that death occurred on the date stated shove, at 1 dayhrs. The CAUSE OF DEATH* was as follows: OR mln. ? BOCCUPATION (a) Trade, protession, or Lady of Lebsure particular kind of work. (b) General nature of industry, business, or establishment in the first the fre the (Duration) which employed (or employer) BIRTHPLACE (State or country) Marvland. 10 NAME OF FATHER William B. McAtee. PARENTS 11 BIRTHPLACE OF FATHER (State or country) Haryland. State the DISEASE CAUSING DEATH or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER Anna A. Boyd. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) Maryland. ot death _____ yrs. ____ mos. ____ ds. Where was disease contracted, 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE It not at place of death?-(Interment) Mrs. Eben Sutton Former or usual residence. (Address) #515 Park Ave. Balto. Md. 19 PLACE OF BURIAL OR REMOVAL 15 Rose Hill Cemetery CAL 20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

C. M. Suter & Son

Ilt death occurred lo a hospital or institution. give its NAME Instead ot street and number.1

(Day

In the

State _____ yrs. ____ ds

DATE OF BURIAL

ADDRESS

A-1,0 191 191

Hagerstown, Mc

[Approved by U. S. Consus and American Public Health Association.]

statemeut. Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None cated thus: CAUSINO DEATH, state occupation at beginning of illgainfully employed, as At school or At home. Grocery; (a) Foreman, (b) Automobile factory. The been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indl-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," As examples: "Foreman,"

("Pneumonia," lesio of lungs, pneumonia"); Lobar pneumonia; Bronchopneumonia brospinal meningitis"); Diphtheria "Croup";) term for the same discase. Examples: Cerebrospinal time and causatiou), using always the same accepted CAUSING DEATH (the primary affection with respect to forer (the only definite synouym is Statement of cause of death-Name, first, the DISEASE lungs, meninges, peritonacum, etc., Typhoid unqualified, is indefinite): Tubercufever (never report "Typhoid "Epidemic cere-(avoid use Carcin-

> affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway trainiaccisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. .. For viomia," "PUERPERAL peritonitis," etc. State Lause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauitiou," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. oma, Sarcoma, etc., of..... ture of the American Medical Association.) "Coutributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of ... (name origin; "Can-"Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG 8 1913
BUREAU. V. S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OGGUPATION is very WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN

county Mashington Sanstoun 1439	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 302 Ward Ward Lit death occurred in		
2 FULL NAME Premature Clu	Ward) [It death occurred in a hospital or institution, give its NAME Instead of street and number.]		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIEO, WIDOWED, ORDIVORCED (Write the word) 6 DATE OF BIRTH	16 DATE OF DEATH (Month) (Day (Year) 17 HEREBY CERTIFY, That nattended deceased from		
(Month) (Day (Year)	that I last saw h Mutro flat on July 31, 1913		
7 AGE OR MIN. ?	and that death occurred on the date stated above, at		
© OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) Ars. mos. ds.		
10 NAME OF FATHER AUL MACHEN 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER 19 MAIDEN NAME OF MOTHER 19 MAIDEN NAME OF MOTHER 10 MAIDEN NAME OF MOTHER 11 MAIDEN NAME OF MOTHER 12 MAIDEN 13 MAIDEN NAME OF MOTHER 14 MAIDEN 15 MAIDEN 16 MAIDEN 17 MAIDEN 18 MAIDEN	(Signed) , M. D. *State the DISEASE CAUSING DEATH or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJUST, and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,		
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place in the ot death yrs mos ds State yrs mos ds Where was disease contracted, it not at place of death? Former or		
(Intermant) Augustown My (Address) Augustown My 16 Filed 1/81, 1913 Henry Davis	19 PLACE OF BURIAL OB REMOVAL DATE OF BURIAL 20 DIN DERTAKEN ADDRESS ADDRESS		
If more hlanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. X.			

[Approved by U. S. Census and American Public Health Association.]

Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, c. g., Farmer or Planter, applies to each aud every persou, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persous CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persous engaged in domestic service for wages, as Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)Physician, Compositor, Architect, Locomotive engineer. For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Icsis of lungs, meninges, peritonaeum, etc., pneumonia"); Lobar pneumonia; Bronchopneumonia causing death (the primary affection with respect to "Croup";) brospinal fever (the only definite synonym is term for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted ("Pneumonia," Statement of cause of death-Name, first, the DISEASE meningitis"); Diphtheria (avoid use of Typhoid unqualified, is indefinite): Tubereufever (never report "Typhoid "Epidemic cere-

> mia," "Puerperal peritonitis," etc. State cause for theuia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Iuanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditious, such as "As Bronehopneumonia (secoudary), 10 ds. affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronie "Contributory." dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Seuile," etc.), "Dropsy," Measles (disease causing death), 29 ds.; (Recommendations on statement of "Exhaustion," Never report For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG 6 1913

BUREAU. V. S.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

V. S. No.

PLACE OF DEATH	STATE OF MARYLAND
County Washington 10098	CERTIFICATE OF DEATH
En ble Mill.	Registered No. 016
Village or City (////////////////////////////////////	St; Ward) [It death occurred in a hospital or institution,
FULL NAME Not names	Dufant Junty give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Company Compan
(Month) (Day) (Year)	galy 4, 1913, to 9 14 2/ 1013 that I last saw h manually on Duly 2/ 1013
7 AGE It LESS than 1 day,hrs.	and that death occurred on the date stated above, at / 0 A m. The CAUSE OF DEATH+ was as follows:
B OCCUPATION (a) Trade, profession, or particular kind of work yrs. mos. ds. OR min. ?	In June's rich during Frags
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Ouration) yrs. mos. ds.
9 RIRTHPLACE (State or country)	Contributory (Secondary) (Duration) yrsmos. ds.
on 11 BIRTHPLACE TO MAKE OF SULLES TO MAKE OF SU	(Signed) , M D.
Z (State or country) / Hudys wilk	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Huburt Marty	of death
(Address) Eaklus Mills Ma	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL
Filed July 21, 191 3 HA Leminum	20 UNDERTAKER ADDRESS
REGISTRAR	Chomen + Co Kudywille
If more blanks are needed, address State Registrar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indiwho have no occupation whatever, write None. CAUSINO DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as been changed or given up on account of the nisease Screant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfuily employed, as At school or At home. duties of the household only (not paid Housekeepers Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," it should be used only when needed. As examples: mine, etc. Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salcsman, additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the For persons (6)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencia-"Contributory." scpsis, tetanus) injury, as fracture of skuil, and consequences (e. g., ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acclsuch, if impossible to determine definitely. ACCIDENTAL, SUICINAL, OF HOMICINAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State childbirth or miscarriage, as "Puerperal septichaewhich surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronio interstitial nophritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," may be stated under the head (Recommendations on statement of ... (name origin; "Can-"Exhaustion," Examples: cause for For VIOd8. ; 10



V. S. No. 1.

PLACE OF DEATH 10099	STATE OF MARYLAND	
County Washing ton	CERTIFICATE OF DEATH	
	Registration Dist. No.	
Village or City Tayles Lace (No. 101,	To fiestimut St; Ward) [It death occurred in a hospital or institution,	
2 FULL NAME Auranda & IM	a saffles give its NAME Instead of street and number.]	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH 7 23 1013	
Remalo White (Write the word)	(Month) (Day) (Year)	
8 DATE OF BIRTH 1837	The HEREBY CERTIFY, Triat I attended deceased from 1912, to 22, 1913,	
June 2 , 1839	that I last saw here alive on hely 22 1912	
7 AGE (Month) (Day) (Year)	and that death occurred on the date stated above, at 3,504 m.	
7 6 yrs. 1 mos. 2 / ds. OR. min.?	The CAUSE OF DEATH * was as follows:	
6 OCCUPATION	[A] p	
(a) Trade, protession, or House Work	- Va Niculisa	
(b) General nature of Industry,		
business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.	
9 BIRTHPLACE (State or country) Maylace	Contributory (Secondary) (Duration) yrs mos ds.	
10 NAME OF FATHER DOCK & May Selis	(Signed) W. M. Asheier , N. D.	
O 11 BIRTHPLACE OF FATHER	My 24, 1913 (Address) Tager levelle	
OFFATHER (State or country) Mary Saud Mary	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
a of MOTHER have Bow man		
13 BIRTHPLACE OF MOTHER (State or country) Aarylaud	At place in the ot death yrs mos ds. State yrs mos ds	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?	
(Informant) Mrs Telay Musis ore	Former or usual residence	
(Address) Royers love md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	
16 7/25 2 3/2 9	deaser tereek july de 1913	
Filed 1 - 1913 REGISTRAR	An Costolian Haganton	
If more hianks are needed, address State Regis trar, 6		

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Ccrcbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

cause of death approved by Committee on Nomencla such, if impossible to determine definitely. childbirth or miscarriage, as "Purpural scptichaeetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Fiart fallure," "Haemorrhage," "Inanition," "Marasvalvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) "Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... is less definite; avoid use of "Tumor" for mallg The contributory (secondary or intercurrent "Old Age," "Shock." Always qualify all diseases resulting from "Senile." etc.), may be stated under the head (Recommendations on statement of 'Traemia," "Weakness," (name origin; "Can-Examples:



-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS

N. B.-

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 306

St.; Ward)

[If death occurred in a hospital or institution, give its NAME Instead

FULL NAME Charles (Miller of street and number.]				
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3 SEX 4 COLOR OR RACE 5 SINGLE, Single WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Mopth) (Day (Year)			
6 DATE OF BIRTH Auly 5, 19/3 (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from July 5, 1913, to July 6, 1913, that I last saw her alive on Audil 6, 1913			
TAGE If LESS than t day, ∠hrs. yrs	and that death occurred on the date stated above, at			
(a) Trade, profession, or particular kind of work	Prinstern Both			
(b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Paradam Burth			
10 NAME OF FATHER OMMeller 11 BIRTHPLACE OF FATHER (State or country) Washington Co Md 12 Maiden NAME OF MOTHER OF MOTHER	(Signed)			
13 BIRTHPLACE OF MOTHER (State or country) Washington Complete (State or country) Washington Complete 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos. ds. State yrs, mos. ds Where was disease contracted,			
(Informant) Q Mailler-	If not at place of death? Former or usual residence.			
Filed Just 6, 1913 A. Heggeson REGISTRAR	Plesond Valle July 6, 1913 20 UNDERTAKER ADDRESS Thomas Brunner Scentlisburg			
If more blanks are needed, address State Regis	strar, 6 E. Franklin St., Belto Requesting V S No. 1			

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubcreulesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify us which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, The contributory Always qualify all diseases resulting from Measics (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report



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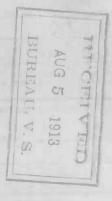
STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. If death occurred in St.:....Ward) a hospital or institution. give Its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, SEX 4 COLOR OR RACE MARRIED, WIDOWED. (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (onth) (Day) (Year) It LESS than AGE and that death occurred on the date stated above, at 9 We 1 day,hrs. The CAUSE OF DEATH * was as follows: OR min. ? OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) Contributory (Secondary) (State or country) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from Violent (State or country) CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER of death yrs. mos. Where was disease contracted. If not at place of death? usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; the nature of the business or indust y; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulcated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Kervant, Cook, Housemaid, etc. If the occupation bas For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," For persons

Statement of cause of death—Name, first, the disease causing affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carein-

sucb, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "Purreral scptichae etc., when a definite disease can be ascertained as the genital," "Senile." etc.), ampie: Measles (disease causing death), 29 ds.: uant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio--Hart fallure," "Haemorrbage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ter" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of _ The contributory "Old Age," "Shock." "Tracmia," "Weakness," liways qualify all diseases resulting from may be stated under the bead (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can State cause for Examples:



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN

	1 PLACE OF DEATH	STATE OF MAI	RYLAND
Cou	unty Washington 10102	CERTIFICATE O	F DEATH
		Registration Dis	t, No. M
Vitl	age or City Hagerstown (No. 6/5	& Potomar St; 2 Ward)	[if death occurred in a hospital or institution, give its NAME instead
	1 341		of street and number.]
	2FULL NAME FUCH //WMA		
•	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE O	F DEATH
3 SE	EX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH	1013
941	WIDOWED, Jung ((Month)	(Day (Year)
	au (Write the word)	17 CHEREBY CERTIFY, That	attended deceased from
8 D/	ATE OF BIRTH	19k3 to	7/1 1913,
	June , 1838	that I last saw harmalive on 2/	- Just 1913
7 A	(Month) (Day (Year)		50
. 40	7 6 - 1 day,hrs.	and that death occurred on the date stated	above, at
	yrsds. ORmin.?	The CAUSE OF DEATH* was as follows:	notices
	CCUPATION C.	A Hand There	Mersten
	Trade, protession, or Tardnur		
	General nature of Industry,		***************************************
	iness, or establishment in ich employed (or employer)	(Duration)	yrsmosds.
		Contributory	· · · · · · · · · · · · · · · · · · ·
	(State or country)	Secondary	
	10 NAME OF	(Duration)	yrs mos ds.
	FATHER HOLLS	(Signed)	a gace, H. D.
S	11 BIRTHPLACE	12 1 (Address) 0 0	fro low you
Z	OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, OF	, in deaths from VIOLENT
ARENTS	12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, OF CAUSES, state (1) MEANS OF INJURY; a TAL, SUICIDAL, OF HOMICIDAL.	nd (2) whether Acciden-
P	OF MOTHER Katherine Dargum	18 LENGTH OF RESIDENCE (FOR HOSPITALS	, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE	OR RECENT RESIDENTS) At place In the	
	OF MOTHER (State or country)		yrs mos ds
14 7	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,	
	(Interment) Mira / Desaie Munchy	Former or	
	91 - 014	usual residence	
	(Address) Ragualown HVCL	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
15	The No David	Hose Hill	1913
FI	161 //24- 1913 / Yerry Davys	20 UNDERTAKER	ADDRESS
_	REGISTRAR	Katkins Munich	Hag Md.
1	If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S	S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Honsekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tubercuters of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." injury, as fracture of skuil, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," ctc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla. by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of death), 29 For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DUREAU. Y. 9.

	PLACE OF DEATH 10103	STATE OF MARYLAND
G	ounty / Ashmy son	CERTIFICATE OF DEATH
		Registration Dist. No. 139
	Thahtuld	[If death occurred in
·	filiage or City Man (No	St.; Ward) a hospital or institution, give its NAME instead
	Margarix tay Ill	Malu of street and number.]
	FULL NAME	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	MARRIEO,	16 DATE OF DEATH July 26 h
SA	WIDOWED, ORDIVORCED	(Month) Paul Day) (Year)
6 D	ATE OF BIRTH	17 I HEREBY CERTIFY, That I stiended deceased from
	- Jan 11. 1913.	on fully 24 1915, to 191,
	(Month) (Day) (Year)	that I last saw he allve on Kuy 2 H
7 A		and that death occurred on the date stated above, at 11 am,
	yrs. 6 mos. 15 ds. ORmin.?	The CAUSE OF DEATH & was as follows:
80	CCUPATION	Marasnus, Malmurition
) Trade, profession, or rticular kind et work	
(b)	General nature of industry,	
whi	iness, or establishment in ch employed (or employer)	(Ouration) yrsmosds.
	TRATHPLACE tate or country) Mashing for Co, Md	Contributory (Secondary) (Dyration) yrs mos ds.
	10 NAME OF PATHER VINE MALE	(Signed) G. L. Wachter
	K, Wa Movely	July 21 2/ Sabellacall Mel
ZIZ	11 BIRTHPLACE OFFATHER (State or country)	Address
ARENT	12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL,
PA	OF MOTHER COLLEGE BETTE BY	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE	OR RECENT RESIDENTS) At place in the
	(State or country) & Williamore MA	of death yrs mos ds. State yrs, mcs ds.
147	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
	(Informant) & MI Myself	Former or
	Wish les	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	(Address)	12 th of
	4. l. 06 2 16 MI	20 UNDERTAKER APPRESS
Fil	REGISTRAR	F. Es. Grove
1	If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. F. Lungs.
1	X	a la

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) eases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the DISTABE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purperal septichae. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "H art failure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronical cer" is less definite; avoid use of "Tumor" for mailg oma. Surcoma. etc., of ... ture of the American Medical Association.) mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from may be stated under the head of (Recommendations on statement of (secondary or intercurrent (name origin: "Can State cause for "Exhaustion," Never report Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG 2 1913
BUREAU. V.S.

3/3 mg. 28/13

N. B.

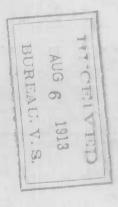
PLACE OF DEATH	STATE OF MARYLAND
. Washing tin	CERTIFICATE OF DEATH
County Williamshat Pr	Registration Dist. No. 3.0/
Village or City (No	St.; Ward) a hospital or institution, give its NAME Instead
*FULL NAME John . B. My	llizi, of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4 COLOR OR RACE 5 SINGLE, MARRIED, Single WIDOWED, ORDIVORCED (Write the Word)	Month (Day (Year) I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH Jan 31 ,1913 (Month) (Day (Year)	July 10, 1913 to fully 10, 1913 that I last saw himalive on July 10, 1913
7 AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at 3
© OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry,	gastro-enteriles
business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Contr
I www.und.	(Ouration) yrs 4 mos ds.
10 NAME OF Beecher J. Myers	(Signed) Patter Fagurary, M. D. July 1, 1913 (Address) Williams for A,
State or country)	*State the DISEASE CAUSING DEATH, OF, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
12 MAIDEN NAME MAY Taylor. 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the
of Mother (State or country) The Above is True to the Best of My Knowledge	of death yrs mos ds. State yrs mos ds Where was disease contracted, If not at place of death?
(informant) Belcher Myers	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed July //ta, 1913 C. E. Rickard REGISTRAR	Williams M. Jud. 12, 1913. 20 UNDERTAKER ADDRESS
	trar, 6 E. Branklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But iu many applies to each and every persou, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. Physician, Compositor, Architect, Locomotive first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never rcturn "Laborer," Farmer (retired 6 yrs.) For persous As examples: "Foreman," engineer. (0)

Statement of cause of death—Name, first, the disease causing dearn (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerchrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereuctsis of lungs, meninges, peritonaeum, etc., Carein-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can "Contributory." Accidental drowning; Struck by railway train-accimia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inaultion," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," theuia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing canse of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The uature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. affection used not be stated unless important. ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Convulsions," "Debility" ("Condeath), 29 State cause for "Exhaustion," Never report



MARGIN RESERVED FOR BINDING

N. B.—Every Item of information should be garefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

PLACE OF DEATH 10105	-
County Hashing ton	de
Village or City Mear Hilliam Nosport	V /
J 200.	N. Street, S.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No. 3//

St; Ward)

[if death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Lesagne Malley: 2 FULL NAME Lesagne Malley:				
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED ORDIVORCED ORDIVORCED ORDIVORCED ORDIVORCED ORDIVORCED ORDIVORCED	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from			
6 DATE OF BIRTH (Month) (Day) (Year)	Jame 10", 191 J. to July 1 " 191 3, that I last saw h 12 alive on July 2 , 191 3			
TAGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 45 P. m. The CAUSE OF DEATH* was as follows:			
(b) General nature of Industry, business, or establishmeot In which employed (or employer)	(Duration) / yrs. 6 mos. ds.			
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or tountry) 12 MAIDEN NAME OF OF MOTHER OF MOTHER	(Signed) (Deration) (Deration) yrs mos os. (Signed) (Signed) (Address) (Alliamsport) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.			
of Mother 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs. mos. ds. State yrs, mos. ds. Where was disease contracted, if not at place of death? Former or usual residence.			
(Address) Welleasthort 15 Fileguly 19, 1913 D. M. Reichard Local Registran 11 more blanks are needed, address State Begistran	19 PLACE OF BURIAL OR REMOVAL Marcon Constant July 17, 1913 20 UNDERTAKER ADDRESS ADDRESS C. Revelor Requesting V. 8. No. 1			

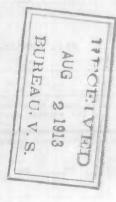


[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of lilof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: the nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. should he taken to report specifically the occupations fication, as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first ilne will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the dibease causing death—In already affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-brospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

cause of death approved by Committee on Nomencla such, if impossible to determine definitely. childbirth or miscarriage, as "Purpresal septicharmus," "Old Age," "Shock," "Uraemla," "Weakness," ture of the American Medical Association.) "Contributory." injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver scound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Dehility" ("Conthenla." "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailg Accidental drowning; Struck by railway train-accioma. Sarcoma. etc., of .. The contributory (secondary or intercurrent) "PUERPERAL peritonitis," tetanus) may be stated under the head Always qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of "Dropsy," etc. State cause for (name origin; "Can "Exhaustion," Never report Examples For vio-



BINDING FOR RESERVED MARGIN

V. S. No. 1.

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

County Washington STATE OF MARYLAND CERTIFICATE OF DEATH
Registration Dist. No. 30

Viilage	or City Wille	amsport	10 Conoch	La quel st.; Ward)
	OPINI MAMP		n 1	Mare

[if death occurred io

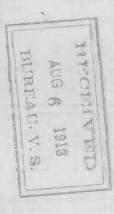
FULL NAME ama Rele	a hospital of institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
female 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	Month (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
8 DATE OF BIRTH Max. 19.13 (Month) (Day (Year)	fine 30, 1913, to July 13, 1913, that I last saw hell alive on July 13, 1918
7 AGE If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Contributory Convolution yrs mos ds. Contributory Convolution yrs mos 3 ds. (Signed) (Ouration) yrs mos 3 ds. (Signed) (Signed) (Ouration) yrs mos 3 ds. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 Length of Residence (for Hospitals, Institutions, Transients, or Recent Residents) At place In the of death yrs, mos ds Where was disease contracted,
(Informant) Beda Nave (Address) Ovilliansfurt Md 16 Filed July 14, 191 C. E. Rickard Local REGISTRAR	If not at place of death? Former or Usual residence 19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL PULL J. 5., 191. 3. 20 UNDERTAKER LULS Aug Lef Williamshut
If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is uecduties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many first line will be sufficient, c. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, Physician, Compositor, Architect, Locomotive engineer. been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupamany occupations a single word or term on the If retired from business, that fact may be indivery important, so that the relative healthful-Never (b) Cotton mill; (a) Salesman, rcturn "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, noninges, peritonacum, etc., Carein-

sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can cause of death approved by Committee on Nomencla by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichac-"Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," Bronchopneumonia (secondary), 10 ds. Never report affection used not be stated unless important. ture of the American Medical Association.) "Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 "Seuile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion,"



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING RESERVED FOR MARGIN V. E. No. 1.

County Mashington	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 305
Village or City Loous Cord (No	Rorris St.; Ward) [It death occurred is a hospital or institution, give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fleur 4 COLOR OR RACE MARRIED, WIDOWED, Morried OR DIVERCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
GDATE OF BIRTH (Month) (Day) (Year)	that I last saw h alive on July 30", 1913
7 AGE If LESS than 1 dey, hrs. OR mio. ?	and that death occurred on the date stated above, at 1/12, m, The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, protession, or particular kind of work	Caucer of Dlowach,
(b) General nature of Industry, business, or establishment to which employed (or employer) PRIRTHPLACE	Contributory (Duration) yrs 5 mos ds.
(State or country) Nandaud 10 NAME OF FATHER	(Secondary) (Duration) yrs mos ds. (Signed) July The property of the propert
11 BIRTHPLACE OF FATHER (State or country) Mory Coll 12 MAIDEN NAME OF MOTHER MANY Trulgell	*State the Dispass Causing Dearly on in death from House
	CAUSES, State (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGS	of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted,
Informant, Eleone norns	If oot at place of death? Former or usual residence
(Address) Mistington, D. Co, 15 Filed May 21, 1913 Seo. M. Stoven A. P. PROISTRAR	Doors Come Comelong Character ADDRESS ADDRESS AND THE BOAT ADDRESS AND THE ADD
If more blanks are needed, address State Registrar	c, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

A ...

[Approved by U. S. Census and American Public Health Association.]

ness. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise speci-Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples the nature of the business or industry; and therefore an applies to each and every person, irrespective of age been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. who receive a definite salary), may be entered as minc, etc. statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Item and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, pertionaeum, etc.. Carcin-

ture of the American Medical Association.) "Contributory." injury, as fracture of skuil, and consequences (e. g. dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," childbirth or miscarriage, as "PUERPERAL schiicharcause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train—acci-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. The contributory (secondary or intercurrent) tetanus) may be stated under the head of "Senile," etc.), (Recommendations on statement of "Dropsy," (name origin; "Can etc. State cause for "Exhaustion," Examples: For vio-



PLACE OF DEATH 10108	STATE OF MARYLAND
County Washington	CERTIFICATE OF DEATH
1.	Registration Dist. No. 302
Village or City Hogerstone (No. Jun)	Patterson [If death occurred in a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fernale Color or RACE Single, MARRIED, Sury le WIDOWED, OR DIVENCED (Write the word) B DATE OF BIRTH MAGE MODEL MODEL	16 DATE OF DEATH 11 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 2 191 D, to 191 D that I last saw h alive on 191 D and that death occurred on the date stated above, at 2 m. The CAUSE OF DEATH* was as follows:
Coccupation (a) Frade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Las Pric Carcinorna (Secondary)
10 NAME OF FATHER 11 BIRTHPLAGE OF FATHER State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) Joseph
13 BIRTHPLACE OF MOTHER (State or country) //irginia 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mus. Chiga Chafman	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs mos ds. State yrs mos ds. Where was disease contracted, If oot all place of death? Former or usual residence.
(Address) Nagerstown 15 Filed 18 , 1943 Registran Registran If more blanks are needed, address State Registran	19 PLACE OF BURIAL OR REMOVAL Shah-les de toure 18, 1913. 20 UNDERTAKER ADDRESS Coyperstance S. E. Franklin & Polite Provided N. S. N.
word preman are needed, address prate Registrat	, 6 E. Franklig St., Balto., Requesting V. S. No. 1/

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industy; and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulminc, etc. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—In affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc.. Carcin-

cause of death approved by Committee on Nomenclainjury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing affection need not be stated unless important. ture of the American Medical Association. "Contributory." Accidental drowning; Struck by railway train—acclwhich surgical operation was undertaken. For vio-"Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronia ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Candeath), 29 Examples:



	PLACE OF DEATH	STATE OF
Co	unty Washing In	CERTIFICA'
VII	lage or City Williams Intho The	derick Registrat
	FULL NAME Parth Louise	Poffenberg
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFI
35	emal 4 color or race 5 single, Married, Ringle wipoweb, or by or b	16 DATE OF DEATH July (Mo)
8 D	ATE OF BIRTH	Tuly 23.3.
	(Month) (Day (Year)	that I last saw h alive on
7 A	If LESS than 1 day,hrs.	and that death occurred on the da The CAUSE OF DEATH* was as f
	CCUPATION ds. ORmin.?	
pa	Trade, profession, or ficular kind of work.	Junio
bus	General nature of Industry, iness, or establishment in ch employed (or employer)	(Dui
	RTHPLACE (State or country) Manda	Contributory Secondary
	10 NAME OF FATHER SOME Polludos	(Signed) Amulan
NTS	11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING I
PARENT	12 MAIDEN NAME OF MOTHER POLICE	*State the DISEASE CAUSING I. CAUSES, state (1) MEANS OF IN TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR H
Ī	13 BIRTHPLACE OF MOTHER (State or country) Mandan	or Recent Residents) At place of death yrs mos ds.
4 1	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
	Informant) Laura Poffenbliger	Former or usual residence
	(Address) Williamsfurt Md	19 PLACE OF BURIAL OR REMOV
15 Fil	July 24 19.36. E. Rickard	20 UNDERTAKER
	(VI)	KALA YANOON VI

10100

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 301

[If death occurred in
a hospital or Institution,
give Its NAME Instead
of street and number.]

...St.; Ward)

,,	MEDIC	AL CERT	IFICATE	OF DEAT	Н	
16 DATE OF	DEATH	Ju	ly	2		191.3
			Month	(Day		(Year)
" Ju	ey 2	BY CER	1/	t I attend	23	
			8			
that I last sa	w h	alive on.	fr	ly o		., 191.5
and that deat		d an tha	data atat	2	. 3:	300
					at	
The CAUSE	OF DEATH	i* was a	s follows:			
	_		_			,
	7		1			****
				·····	*****	
			(Dunalina)		1000	7 1.
		2		угз	4	
Contribut	ory	no	ore.		eter	do
Secondar	y					
	J	***************************************	(Duration)	угз	mos.	& ds
	m					. /
(Signed)	-110	avv	(oa	m	au	., M. D.
July	4, 1913	(Address)	M	War	4	ont.
*State the CAUSES, state, SUICII	ne DISEASE ate (1) M OAL, or Ho	EANS GF	DEATH, INJURY;	or, in dea	ths from whether	VIOLENT ACCIDEN-
18 LENGTH	OF RESIDI	ENCE (Fo	HOSPITAL	s, Institu	TIONS, TR	ANSIENTS.
OR RECENT	RESIDENT	8)				
At place			In the			

State ____ yrs, ____

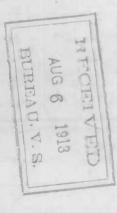
If more blanks are needed, address State Registrar, 6 E. Franklin St., Bald., Requesting V. S.

[Approved by U. S. Consus and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the pisease who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," (7)

Statement of cause of death—Name, first, the disease causing death—It respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercuctesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronie interstitial nephritis, naut neoplasms); Meastes; Whooping cough; Chronic ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehacetc., when a definite disease can be ascertained as the mus," -"Old Age," "Shock," "Uraemia," "Wcakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgeuital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head State cause for Never report



	Shou
RECORD	PHYSICIANS of OCCUPAT
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every Item of Information should be garefully supplied. AGE should be stated EXACTLY. PHYSICIANS shoun CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION mportant. See instructions on back of certificate.
NG INK-THE	ipplied. AGE she ay be properly
H UNFADI	so that it most certificate.
ITE PLAINLY, WITH	Every item of information should be carefully suicAUSE OF DEATH in plain terms, so that it mamportant. See instructions on back of certificate.
WR	CAUSE OF I

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in a hospital or institution, give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, (Month) (Day) ORDIVORCED Write the word) HEREBY CERTIFY, That I attended deceased from 1897 (Month) (Day) (Year) 7 AGE It LESS than and that death occurred on the date stated above, at 1 dayhrs. OR 7 BOCCUPATION (a) Frade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) Contributory. 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) ot death _____ yrs. ___ mos. ___ ds. State yrs. ____ mos. ds. Where was disease contracted. KNOWLEDGE It not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

March 1

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of iilbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As example (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "(Toup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

ture of the American Medical Association. cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septichaecause. Aiways qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis Accidental drowning; Struck by railway train-accimere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ampie: Measles (disease causing death), 29 ds.; affection need not be stated unless important. nant neopiasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for malls oma. Sarcoma. etc., of _ The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of (name origin; "Can-Never report

" If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG 6 1913
BUREAU. V. S.

PERMANENT 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS snoung states that it may be properly classified. Exact statement of OCCUPATION is very RECORD certificate. of information should be c DEATH in plain terms, so See instructions on back of CAUSE OF Important. S

ż

STATE OF MARYLAND 1 PLACE OF DEATH OF Registration Dist. No

[It death occurred in a hospital or institution, give its NAME instead

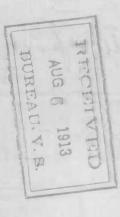
	FULL NAME Ned Robinson	ot street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
351	Male School of Race 5 single, Married, Widowed, Orbivorced (Write the word)	16 DATE OF DEATH
6 D	March 30 ,1913. (Month) (Day (Year)	that I last saw h malive on 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
7 A	ge 11 LESS than 1 dayhrs.	and that death occurred on the date stated above, at 3
(a pa	CCUPATION) Trade, protession, or Child House Reports power of before the Control of the Contro	Enter-colitis
bus	of General nature of Industry, siness, or establishment in Child (or employer)	(Duration) yrs. mos. 5 ds.
9 B	(State or country) want and	Secondary (Doration) yrs mos ds
	10 NAME OF Chas & Robinson	(Signed) Theo. I gover, M. D.
ENTS	11 BIRTHPLACE OF FATHER (State or country) Mary Land	*State the DISEASE CAUSING DEATH, or, in deaths from VIGLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
PAR	12 MAIDEN NAME CASSIL Murphy	TAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER (State or country) Maryland	At place In the ot death yrs mos ds. State yrs, mos ds
14 1	(Informant) Chue & Pobussin	Where was disease contracted, It not at place of death? Former or
	(Address) Villeum 2 per Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 FI	18d July 18th, 191 6. 6. Rickard	20 UNDERTAKER ADDRESS ADDRESS AND ALLA
	or or or or	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

statement. mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necness of various pursuits can be known. The question cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dnties of the honsehold only (not paid Housekeepers additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write Nonc. been changed or given up on account of the nisease Scrvant, Cook, Housemaid, etc. If the occupation has (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Nevcr Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman,"

lesis of lungs, pneumonia"); brospinal meningitis"); Diphtheria fever (the only definite synonym is "Epidemic cerecausing meath (the primary affection with respect to ("Pnenmonia," term for the same disease. Examples: Cerebrospinal time and cansation), using always the same accepted Statement of cause of death-Name, first, the DISEASE Typhoid Lobar pneumonia; Bronchopneumonia meninges, peritonaeum, etc., unqualified, is indefinite): Tubercufever (never report "Typhoid (avoid use of Carcin-

> mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mns," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, ctc., of...... (name origin; "Can-"Contributory." (Recommendations on statement of sepsis, tetanus) may be stated under the head of dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and quality as "Heart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) canse of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by curbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 State cause for "Exhanstion," Never report For VIO-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING MARGIN RESERVED FOR

PLACE OF DEATH 10112	STATE OF MARYLAND
County Marline Ton	CERTIFICATE OF DEATH
county 11 was 2	Registration Dist. No. 301
Village or our of tauces (No.	St.; Ward) [If death occorred in a hospital or lostitution, give its NAME lostead
*FULL NAME Stage & Rou	laud of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Married WIDOWED, Married OR OLOR OF COLOR O	16 DATE OF DEATH JULY /O ,1913 (Month) (Day) (Year)
8 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
. 27 , 1 \$ 47 (Month) (Day) (Year)	that I last saw h han alive on Suly 10 1913
7 AGE If LESS than 1 day,hrs.	and that death occurred on the date stated, above, at
BOCCUPATION (a) Trade, profession, or	Menonan Intersulosio
particular kind of work (b) General nature of Industry, business, or establishment in	(Ouration) yrs pos 08-
which employed (or employer) BERTHPLACE (State or country) Manyland	(Secondary)
10 NAME OF Hundren Rouland	(Signed) (Daration) yrs mos. O ds.
O 11 DIPTHRIACE	*Atate the Disease Causing Death, or, in deaths from Violent
Sof Father (State or country) Mary Land 12 Maiden NAME OF MOTHER MATE ALLE BOOK	CAUSES, State (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Manual	OR RECENT RESIDENTS) At place lo the of death yrs mos ds. State yrs mos ds.
14 THE ABOVE IS THUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If oot at place of death?
(Informant) with Sairtain	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL
15 Filed Ouly 12th 1913 Co C. Rickard	Maur Tehur che July 13, 1913
If more blanks are needed, address State Registran	At forffeeline Hayers tour
march program and meeting breefts the tree tree	, o m. Diametri pt., Daito., Requesting V. S. No. 1/

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISTASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Purreral septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a "tefinite disease can be ascertained as the sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUEEPERAL peritonitis," etc. State cause for "Hart failure," "Haemorrhage," "Inanition," "Marasvalvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train-acctwhich surgical operation was undertaken. For viomere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," (name origin; "Can-The nature of the "Exhaustion, Never report Examples:



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Village or City Milliamshort (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 3. 0
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
7-male White Single, Single William Stragle Orbivorced (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 A I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (Month) (Day (Year)	that I last saw has allve on July 26, 1913.
TAGE It LESS than t day,hrs. ORmin.? **OCCUPATION** (a) Trade, protession, or particular kind of work.	and that death occurred on the date stated above, at 27-5:02 m, The CAUSE OF DEATH* was as follows:
(b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Manukauk	Contributory Explanation yrs. mos. A ds.
10 NAME OF FATHER & Sharar 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER BASSINGER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country)	CAUSES, State (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs, mos. ds
(informant) Character of My Knowledge	Where was disease contracted, If not at place of death? Former or usual restrience.
Flied July 28, 1913 6. E. Rickard Focal REGISTRAR	Meliamsport Date of Burial Palliamsport 20 UNDERTAKER Mules a deaf Mulliamstore Mules a deaf
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine; etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, "Foreman," (0)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meninglits"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar Deumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, "peritondeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeeause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic). "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, mant neoplasms); Measles; Whooping cough; Chronic by earbolic acid-probably suicide. The nature of the Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-Sarcoma, etc., of..... (name origin; "Can-The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," tetanus) (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," State cause for Never report For vio-



V. S. No.

N. B.

Every litem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

village or City Rep Tryste (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
2FULL NAME	July Januarec
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
OLOGOR RACE MARRIED, WIDOWED, CROIVORCEO (Write the word) (Month) (Day (Year)	18 DATE OF DEATH (Monch) (Day (Year) 17 I HEREBY CERTIFY, That I attended declared from What I last saw h. Lattern Could Pl, that I last saw h. Lattern Could Pl
7 AGE If LESS than	and that death occurred on the date stated above, at 9-19 f.m.
9.5 / 1 day,hrs.	The CAUSE OF DEATH* was as follows:
yrs mos ds OR min.?	D + 100 +
8 OCCUPATION (a) Trade, profession, or	Regulative I deven months
particular kind of work.	
(b) General nature of Industry, business, or establishment in	Child (Ouration) yrs mos. ds.
which employed (or employer)	1/1 land one
9 BIRTHPLACE (State or country)	Secondary MMALVEW RUM
10 NAME OF Charle Shumaker	(Signed) 8 Rayson, M. D.
OF FATHER	(My 1, 191 3 (Address) Harpersterry Will
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 1 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
- Colored	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS THUE TO THE BEST OF MY WNOWLEDGE	Where was disease contracted, If not at place of death?
(Intermant) On B. W. Warrson	Former er usual residence
(Address) Hupers Terry W, Va	19 PLACE OF BURIAL PARENOVAL PATE OF BURIAL
16 / 9 / / / / / / / / / / / / / / / / /	Condly / uging ling 2, 1913
Filed (154 2, 191 3 Mmb & Jourking REGISTRAR	John M. Cetter Bolivas M. V.
If more Manks are needed, address State Regist	rst, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal essary to know (a) the kind of work and also (b) CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is uec-Civil engineer, Stationary fireman, etc. first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons But in many "Foreman," (0)

"pneumonia"); Lodar pneumonia; Bronchopneumonia brospinal ("Pncumonia," "Croup";) term for the same disease. time and causation), using always the same accepted causing death (the primary affection with respect to fever (the only definite synonym is Statement of cause of death-Name, first, the DISEASE of lungs, meninges, peritonaeum, etc., meningitis"); Typhoid fever (never report "Typhoid unquallfied, is indefinite): Tubercu-Diphtheria (avoid use Examples: Cerebrospinal "Epidemic cere-

> affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Cauetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal couditions, such as "As cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Heart failure," "Haemorrhage," "Inauition," "Maras-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) "Contributory." scpsis, totanus) dent; Revolver wound of head-homicide; Poisoned is less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Puerperal peritonitis," etc. State cause for Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," "PUERPERAL septichac Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prexent further correspondence. All the data is essential and must be obtained before the certificate is permanently flied.

SEP 2 1913 BUREAU. V. S.

Fint in lease

OCT 6 1913

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

County PLACE OF DEATH Gounty 10115 Village or City muthibury (No. 27 St.)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
DATE OF BIRTH 4 COLOR OF RACE S SINGLET MARRIED, WIDDWIED, WIDDWIED, WIDDWIED, Winder the Word Write the Word	(Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from was Calledon to he died in a Petate
(Month) (Pay (Year)	that I last saw h 124 alive on File They for humility
OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 110 NAME OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE (State or country) 14 THE ABOVE (S TRUE TO THE BEST OF MY KNOWLEDGE)	and that death occurred on the date stated above, at 9-300 m, The CAUSE OF DEATH * was as follows: Nos not the Alexandra Repaired to the date stated above, at 9-300 m, Alexandra Repaired to the date stated above, at 9-300 m, Alexandra Repaired to the date stated above, at 9-300 m, It was absent. He date feet to the date feet to the date of the dat
(Address) Assistables, Management (Address) (A	Former or usual residence. 19 PRACE OF BURIAL OR REMOVAK DATE OF BURIAL NULLSVUM 20 UNDERTAKER LOWER ADDRESS PARTICLE OF BURIAL ADDRESS ADDRESS FOR FRANKLIN St., Balto., Requesting V. S. No. 1.
7	May May

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is nec-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursults can be known. The question tion is very important, so that the relative healthfulshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second who have no occupation whatever, write None. been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing dearm (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Curcin-

nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marus "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railray train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabby LENT DEATHS state MEANS OF INJURY and qualify as ture of the American Medical Association.) "Contributory." is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Mcastes (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustlon," (Recommendations on statement of State cause for Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	liage or City Washington (No. cor.	Prospect & Balter; 2" Ward) [It death occurred a hospital or institution give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 si	4 COLOR OR RACE MARRIED, WIDOWED, OR DIVORCED (Write the working)	16 DATE OF DEATH LOCA (Month) (Day (Year
	November 26", 91 (Month) (Day (Year	2. July 22, 1913 to July 29, 191
7 A		than and that death occurred on the date stated above, at 12 h
whi	siness, or establishment in None lich employed (or employer) None (State or country) Maryland.	Contributory of leaveton with Coffee
	10 NAME OF	(Signed) (Boration) yrs mos.
S	Vernon N. Simmons	
RENTS	11 BIRTHPLACE OF FATHER (State or country) Maryland.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLE CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCID TAL, SUICIDAL, or HOMICIDAL.
PARENTS	11 BIRTHPLACE OF FATHER (State or country) Maryland. 12 MAIDEN NAME OF MOTHER Lydia Mae Barr 13 BIRTHPLACE	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLE CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCID TAL, SUICIDAL, OR HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS) At place In the
14 7	11 BIRTHPLACE OF FATHER (State or country) Maryland. 12 MAIDEN NAME OF MOTHER Lydia Mae Barr	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLE CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCID TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALA, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS)
14 7	11 BIRTHPLACE OF FATHER (State or country) Maryland. 12 MAIDEN NAME OF MOTHER Lydia Mae Barr 13 BIRTHPLACE OF MOTHER (State or country) Maryland. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	*State the DISEASE CAUSING DEATH, Or, in deaths from VIOLE CAUSES, state (1) MEANS OF INJURY; and (2) whether Accided that, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALA, INSTITUTIONS, TRANSIER OR RECENT RESIDENTS) At place In the of death yrs, mos. ds. State yrs, mos. Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
14 7	11 BIRTHPLACE OF FATHER (State or country) Maryland. 12 MAIDEN NAME OF MOTHER Lydia Mae Barr 13 BIRTHPLACE OF MOTHER (State or country) Maryland. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Vernon Simmons	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLI CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCID TAL, SUICIDAL, OR HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALA, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS) At place In the of death

10116_

1 PLACE OF DEATH

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons Housewife, Housework, or At Home, and children, not dutics of the household only (not paid Housekeepers minc, etc. "Manager," "Dealer," etc., without more precise specistatement. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is uecapplies to each and every person, irrespective of age. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease Grocery; (a) Foreman, (b) Automobile factory. The Physician, Compositor, Architect, Locomotive engineer. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

icsis of lungs, pneumouia"); causing death (the primary affection with respect to brospinal meningitis"); Diphtheria fever (the only definite synonym is term for the same disease. Examples: Cercbrospinal time and causatiou), using always the same accepted ("Pneumonia," "(Croup";) Statement of cause of death-Name, first, the DISEASE Typhoid Lobar pucumonia; Bronchopucumonia meninges, peritonaeum, etc., unqualified, is indefinite): Tubercufover (never report "Typhoid (avoid use "Epidemic cere-Carcin-

> affection need uot be stated unless important. valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." iujury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As oma, Sarcoma, etc., of.... Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head of Always qualify all diseases resulting from Mcasles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," ... (name origin; "Can-The nature of the "Exhaustion," Never report For vio-



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N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

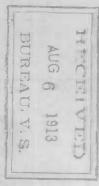
PLACE OF DEATH 10117 County Washington Village or City Haguston (No342)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 302 [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Mith Single, Married, Widowed, ORONORGED ORONORGED (Write the word)	Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (Month) (Day (Year)	7/3 , 1913, to 7/1 , 1913 that I last saw h 452 alive on 7/1 , 1913
7 AGE It LESS than 1 day,hrs. OR min.?	and that death occurred on the date stated above, at
a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in	o de la companya del companya de la companya del companya de la co
which employed (or employer) 9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) yrs mos ds
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	(Signed) / State the DISEASE CAUSING DEATH OF IT deaths from Violence
12 MAIDEN NAME OF MOTHER ada May Alatera 13 BIRTHPLACE OF MOTHER (State or country)	CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yrs, mos ds.
(Informant) The BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or usual residence
(Address) 16 Filed 17 1913 REGISTRAR If more blanks are preded, address State Regist	Pare Will Date of Burial 7/7, 1913 20 UNDERTAKER Wather Harris St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement: first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illdutics of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coul statement. material worked on may form part of the second the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. ness of various pursuits can be known. The question who have no occupation whatever, write Nonc. cated thus: been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcine

which surgical operation was undertaken. For in-LENT DEATHS state MEANS OF INJURY and qualify as accidental, suicidal, or homicidal, or as probably cer" is less definite; avoid use of "Tumor" for maligsuch, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train—accimia," "Puerreral peritonitis," etc. State dause for childbirth or miscarriage as "Puerperent septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditious, such as "As ample: Mcusics (disease causing deat) 29 ds.; affection need not be stated unless important. ralvular heart disease; Chronic interstitial pephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned "Heart failure," "Haemorrhage," "Inaultion," "Maras-Bronchopneumonia (secondary), 10 ds. er report The contributory (secondary or integerrent) Always qualify all diseases resulting from tetanus) may be stated under the head (Recommendations on statement of



PHYSICIANS should of OCCUPATION IS RECORD statement PERMANENT EXACTLY. Exact stated classified. 4 be 2 AGE should properly class UNFADING INK-THIS supplied. that it ma carefully so that it 50 WITH be terms, on back should of information sho DEATH in plain te See instructions on WRITE PLAINLY,

CAUSE OF Important. S

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state very

Village or City

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS THUE

(Address).

(Informant)

15

- PLACE OF DEATH



STATE OF MARYLAND CERTIFIC.

Registr

St .:...

MEDICAL CERT

I HEREBY CER

ATE OF DEATH
ation Dist, No. 306
Ward) [If death occurred in a hospital or institution, give its NAME instead of sfreet and number.]
IFICATE OF DEATH
(191) (191) (191) (191)
TIFF, That I attended deceased from to fully 1913,
date stated above, at 9 dim,
s follows:
Duration) yrs. mos 20 ds.
Alysis (Duration) yrs mos 3 ds.
Ouration) yrs mos 3 ds.
Ouration) yrs mos 3 ds.
(Duration) yrs mos 3 ds. M. D. DEATH, or, in deaths from Violent Injury; and (2) whether Accident R Hospitals, Institutions, Transients, in the
(Duration) yrs mos 3 ds. M. D. DEATH, or, in deaths from Violent Injury; and (2) whether According to the Hospitals, Institutions, Transients,
(Duration) yrs mos 3 ds. M. D. DEATH, or, in deaths from Violent Injury; and (2) whether Accident R Hospitals, Institutions, Transients, in the

2FULL NAME PERSONAL AND STATISTICAL PARTICULARS 3 SEX 18 DATE OF DEATH 4 COLOR OF RACE 5 SINGLE. MARRIED, WIDDWED, ORDIVDROTD (Write the word) DATE OF BIRTH that I last saw h ... (Month) (Day (Year) 7 AGE If LESS that 1 dayhrs OR 7 BOCCUPATION (a) Trade, profession, or Me particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER S 11 BIRTHPLACE PARENT OF FATHER (State or country)

KNOWLEDGE

REGISTRAR

If more blanks are needed address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

1	and that death occurred on the date stated above, at J. M. m.
.	The CAUSE OF DEATH* was as follows:
	Sall stones
	(Duration) yrs. mos 20.ds.
-	Contributory Jaralysis
1	(Duration) yrs mos 3 ds,
	(Signed) MANN sefer M. D. Ally 19, 1913 (Address) Smitheburg
包	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.
R	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
7	OR RECENT RESIDENTS) At place In the
	of death yrs mos ds. State yrs mos ds
7	Where was disease contracted, If not at place of death?
	Former or
7	usual residence
	Mitasburg Ha huy 22, 1913
-	20 UNDERTAKER) // ADDRESS , / /
	Jev B. Hoover & Tuesthebus

[Approved by U. S. Census and American Public Health Association.]

applies to each and every persou, irrespective of age tion is very important, so that the relative healthfulit should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the cated thus: CAUSING DEATH, state occupation at beginning of ill-Screant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, who have no occupation whatever, write None. been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras thenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. affection ueed not be stated unless important. valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. "Collapse," "Coma," "Convulsions," "Debllity" ("Con-"Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vio ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS Probabil is less defiuite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations ou statement of (secondary or intercurrent) "Dropsy," "Exhaustion," State cause for Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Aug 1918

Trus certif.

lead pencil

SEP 1913

, ich	PLACE OF DEATH 10119	STATE OF MARYLAND
N S	County Markey tree	CERTIFICATE OF DEATH
Z		Registration Dist. No.
CCOPATIO	Village or City Mayentier (No.)	St; Ward) [It death occurred in a hospital or institution, give its NAME lostead
2	FULL NAME da sterrant	et street and number.]
0 /	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ct stateme	3 SEX 4 COLOR OR RACE MARRIED, WIDOWED. Married Widowed. (Write the word)	16 DATE OF DEATH (Month) (Day) , 191.3. (Month) (Day) (Year) 17 HEREBY CERTIFY, That I attended deceased from
ed. EXa	(Month) (Day) (Year)	July 1912, to July 7, 1913, that last saw her alive on July 5, 1913
CIBSEIL	7 AGE 46 yrs. 2 mos. 15 ds. OR min. ?	and that death occurred on the dote stated above, at 3 m, The CAUSE OF DEATH* was as follows:
be properly	(a) Trade, pretession, or particular kind of work (b) General nature of Industry, business, or establishment in	(Duration) 3 yrs mos. us
certificate.	which employed (or employer) BIRTHPLACE (State or country) Mary Land	Gontributory Chronic Value View disea (Secondary) (Secondary) (Souration) 2 yrs mos ds.
ck of	11 BIRTHPLACE OF FATHER 11 SIRTHPLACE (State or country) M DAY AUGUS 11 STATE OF FATHER OF FAT	(Signed) 9 R. Laughlin M. D. July 8, 191 3 (Address) Blagerson M.D.
on	OF FATHER (State or country) Mary Carry 12 MAIDEN NAME OF MOTHER OF MOTHER	CASES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
See Instructions	13 BIRTHPLACE OF MOTHER (State or country) W Na	At place Io the of death yrs mos ds. State yrs mos ds.
	(Intermant) Pursue to the Best of My Knowledge	Where was disease contracted, If not at place of death? Former or usual residence
ortan	(Address) Pagenstoem mil	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Impo	Filed 1/8 1913 Cenny Dates	20 UNDERTAKER JADDRESS
	If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto, Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciit should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborermaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative Realthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the As examples: (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Cerebrospinal term (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum,

childbirth or miscarriage, as "PUERPERAL septichae ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and quality as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mereiy symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritia nant neoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for malls oma. Sarcoma. etc., of ... "Contributory." mere symptoms or terminal conditions, such as "As-The contributory tetanus) may be stated under the head of (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-Examples:



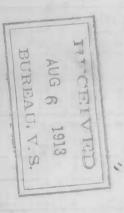
PLACE OF DEATH 10120	STATE OF MARYLAND
l'm	CERTIFICATE OF DEATH
County "I washing some	Registration Dist. No. 30/
mal 1 les	Registration Dist. No.
Village or City / Villaussawy (No. Oh	Urch St.; Ward) [If death occurred in a hospital or institution,
	glye Its NAME Instead
Tarel	of street and number.]
²FULL NAME	9
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SSEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, SINGLE	16 DATE OF DEATH LEVY 3 1913
Mall White (Write the word)	(Month) (Day (Year)
	17 I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH	191 3 to 12 Je Med, 1913.
(Month) (Day (Year)	that I last shw harman on fally 3 1913
7 AGE PLAGE IT LESS than	and that death occurred on the date stated above, atm,
Wtill town 1 day,hrs.	The CAUSE OF DEATH* was as follows:
yrsds. <u>OR</u> min. ?	Stall bour
OCCUPATION (a) Trade, profession, or	and the state of t
particular kind of work.	
(b) General nature of industry, business, or establishment in	
which employed (or employer)	(Duration)mosds.
State or country)	Secondary
11 wegans	(Duration) yrs mos ds.
10 NAME OF FATHER	(Signed) Garring Betts MA
of 11 PIPTURIAGE	(1.1. 2 a A 81
E BINITIPERGE	1915 (Address) Walland of the State of the S
	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of Mother all feet	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE	OR RECENT RESIDENTS/
OF MOTHER (State or country)	At place In the of death yrs mos ds. State yrs mos ds
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
Codalla Taula	Former or
(Informant)	usual residence
(Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 gy 30d D & P 1.	Mathematigs July 4, 1913
Filed 1913 to O. Nuckand	20 UNDERTAKER ADDRESS
Gocal REGISTRAR	Mujes a Leuf Mr. Skert
If more hlanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupatious gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not mme, etc. fication as Day laborer, Furm laborer, Laborer .- Coal "Mauager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers additional live is provided for the latter statement: cases, especially in industrial employments, it is uecfirst line will be sufficient, e. g., Farmer or Planter, material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-'If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persous return "Laborer," As examples: "Foremau,"

lesis of lungs, meninges, peritonaeum, etc., pneumonia"); fever (the only definite synonym is "Epidemic ceretime and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal causing death (the primary affection with respect to ("Pneumonia," "Croup";) prospinal Statement of cause of death-Name, first, the DISEASE meningitis"); Diphtheria Typhoid fever (never Lobar pucumonia; Bronchopneumonia unqualified, is indefinite): Tubercureport "Typhoid (avoid use of Carcin-

> ture of the American Medical Association.) cause of death approved by Committee ou Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as etc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles affection ueed not be stated unless important. nalvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from "Seuile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustiou," "PUERPERAL septichae-Never report



should ION Is OCCUPATION RECORD Jo PERMANENT EXACTLY classified. 4 SI 0 THIS properly O INK supplied. pe O UNFADIN E certificate. 000 WITH pe back terms, pino Instructions information x EAT See 0 item OF Important. lu. Every

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state

10121 STATE OF MARYLAND LPI-ACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. It death occurred in St.:...Ward) a hospital or Institution. give Its NAME Instead ot street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF GEATH 3 SEX 4 COLOR OF RACE 5 SINGLE. MARRIEO. WIDOWED, (Month) ORDIVORCED Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day 7 AGE It LESS than and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) Contributory. 9 BIRTHPLACE Secondary (State or country) (Duration) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE (Address) ARENT OF FATHER (State or country) the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIOEN NAME OF MOTHER 0 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death yrs. mos. State yrs. _ Where was disease contracted. 14 THE ABOVE IS TRUE TO THE KNOWLEDGE It not at place of death? usual residence 19 PLACE OF BURIAL OR REMOVAL

> 20 UNDERTAKER ADORESS

If more blanks are needed, address State Registrar, & E. Franklin St., Balto, Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. should be taken to report specifically the occupations dutles of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never -return Farmer (retired 6 yrs.) For persons "Laborer," But in many As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhold pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

aant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. ctc., when a definite disease can be ascertained as the mns," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failnre," "Haemorrhage," "Inanition," "Marus-"Collapse," "Coma," "Convulsions," "Debillty" ("Conture of the American Medical Association.) canse of death approved by Committee on Nomencla sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septiehae Bronchopneumonia (secondary), 10 ds. ".Contributory." is less definite; avoid use of "Tnmor" for malig-The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhanstion," (Recommendations on statement of may be stated under the head (secondary or intercurrent) State cause for Never report 00

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fied.

AUG 4 1913

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certificate.

instructions on back

See

Important.

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14 THE ABOVE IS TRUE TO

(Address)

(Informant)

state Very

10122 1 PLACE OF DEATH (No. 2FULL NAME. PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OF RACE 5 SINGLE, MARRIED. WIDOWED, ORDIVORGED (Write the word) DATE OF BIRTH (Month) (Day 7 AGE 6 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 306

St.;Ward)	[It death occurred in a hospital or institution give its NAME instea of street and number.]	

NAME (No.	Tacy St.; Ward)	a hospital or institution, give its NAME instead of street and number.]
AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
OLOR OF RACE SINGLE,	16 DATE OF DEATH July	9 . 191
WIDOWED, ORDIVORGED (Write the word)	(Month) 17 I HEREBY CERTIFY, Triat I	(Day (Year)
4 11 ,9/3	that I last saw h 12 allys on Sully	19 , 191 3
(Month) (Day (Year)	and that death occurred on the date stated al	pove, at 5 04 m,
yrs mos ds. or min.?	The CAUSE OF DEATH* was as follows:	
More	Marasuur	A
stry, nt in ner)	(Ouration)	yrsmos. 20.ds.
Smithsburg Mid	Contributory Secondary (Duration)	yrs mes ds.
adam Tracy	(Signed) And Tefasive	M. D.
intry) Tred. Md	*State the Disease Causing Death, or, in Causes, state (1) Means of Injuny; and	n deaths om VIOLENT
Gertie Gendal	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, IN OR RECENT RESIDENTS)	
htry) Mash. Co., Md	At place in the ot death yrs mos ds. State	yrs, ds
WE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?	
may Gracy	Former or usual residence.	20000'*********************************
Routheling	19 PLACE OF BURIAL OR REMOVAL	MEN 1913
1913 J. H. Terfuson	29 UN DERTAKER	DORESS
REGISTRAR If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. N	Murreburg

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. If the occupation has mine, etc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salegman, who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as who' receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: But in many "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinat fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

oma, Sarcoma, etc., of..... (name origin; "Cauvalvular heart disease; Chronic interstitial nephritis nant neoplasms); Meastes; Whooping cough; Chronic thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. ete., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and cousequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabily which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal schiichaeture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations ou statement of may be stated under the head State cause for Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1913 ... Finer certif.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

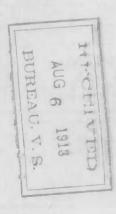
PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
County Wushing ton	CERTIFICATE OF DEATH
	Registration Dist, No.
Village or City Neck Road Mar M.	illiamsfunst; Ward) [If death occurred in a hospital or institution, give its NAME instead
2 FULL NAME Lervy 6 vans	Unger of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MARRIED, single Male White Single, wipower, or or over the word)	16 DATE OF DEATH Month (Day (Year)
6 DATE OF BIRTH Self 11 1912	July 9 193 to the stended deceased from 193, to the stended deceased from 193, to the stended deceased from 193,
(Month) (Day (Year) 7 AGE II LESS than	and that death occurred on the date stated above, at 3 A. m.
yrs	The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work	Gastor - en tentes (acute)
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. 3 ds.
9 BIRTHPLACE (State or country) Man land	Secondary (Duration) vrs. mos is
10 NAME OF LINSSEY M. Unger	(Signed) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent
of MOTHER Jana Lemaster	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
13 BIRTHPLACE OF MOTHER (State or country) (State or country) (State or country)	At place of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Realling Martine W//a	usual residence.
(Address) Salvag VV all by GO	Williamshort Date of Burial Ovilliamshort July 12, 191.3
Filed July 18th, 1913 Cal Registrar	20 UNDERTAKER LEAST PADDRESS LAST PLAGMANT
If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requisting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

statement. should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Physician, Compositor, Architect, Locomotive engineer. Statement of occupation-Precise statement of occupa-Spinner, is very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing dearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unquallfied, Is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (mcrcly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. ample: Mcasles is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (discase causing death), 29 State cause for Never report



-Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS H.

ż

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 3

St.: -Ward) [if death occurred in

FULL NAME Thelma Des	give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Single, WIDOWED, WIDOWED (Write the word)	16 DATE OF DEATH 430 m, 1913. (Month) (Day (Year) 17 HERBBY GERTIFY, That I attended deceased from
ONTE OF BIRTH March 20 (Pear)	that I last saw her alive on June 30 the 191.3
7 AGE It LESS than 1 day,hrs.	and that death occurred on the date stated above, at
B OCCUPATION (a) Trade, profession, or particular kind of work	(Ouration) yrs 3 mos ds.
which employed (or employer) BIRTHPLACE (State or country) Block bring Md	Secondary (Buretlan)
10 NAME OF FATHER HARRY C. WEAVER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed)
OF MOTHER Belde Rohr 13 BIRTHPLACE OF MOTHER (State or country)	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of deathyrs
(Informant) Clare of the BEST of My KNOWLEDGE (Address) Older Spring	If not at place of death? Former or usual residence
Filed July 21, 1913 David A Miller REGISTRAR	How Hill Cometery July 22, 1913. 20 PNDERTAKER Brown Co Clear String
If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

fleation as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," who have no occupation whatever, write None. eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. been ehanged or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

eause of death approved by Committee on Nomenclamia," "PUERPERAL peritonitis," etc. ture of the American Mcdical Association.) injury, as fracture of skull, and consequences (e. g., sucb, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as nant neoplasms); Measles; Whooping cough; Chronic "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head State eause for Never report For vio-



10125

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of ago. ness of various pursuits can be known. The question tion is very important, so that the relative meaithfulbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indiespecially in industrial employments, it is nec-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puespenal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras-"Coliapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. oma. Sarcoma. etc., of _ "Contributory." by carbolic acid-probably suicide. The nature of the valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chrowis ver" is less definite; avoid use of "Tumor" for mails-The contributory (secondary or intercurrent) tetanus) may be stated under the head of "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Candeath), 29 State cause for

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG 6 1913
BUREAU, V.S.

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

10126

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.:- Ward)

lif death occurred in a hospital or institution. give its NAME instead of street and number.]

MEDICAL CERTIFICATE OF DEATH I HEREBY CERTIFY. That I attended deceased from and that death occurred on the date stated above, at. as follows: (Duration) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE FOR HOSPITALS, INSTITUTIONS, TRANSIENTS ds. State yrs, DATE OF BURIAL

ADDRESS

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING BEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Housewife, Housework, or At Home, and children, not mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer or Planter, As examples: For persons (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin.

cause of death approved by Committee on Nomencla such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purrement scptichae cause. Aiways qualify all diseases resulting from mus," "Old Age," "Shock," "Heart failure," "Haemorrhage," "Inanition," "Maras ture of the American Medical Association.) "Contributory." sepsis, tetanus) injury, as fracture of skuil and consequences (e.g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, BUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the genitai," "Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nophritis ter" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," "Traemia," "Weakness," (name origin; "Can State cause for Examples:



N. B.—Every item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN V. S. No. 1.

	PLACE OF DEATH 10127	STATE OF MARYLAND
	11/2 . /	CERTIFICATE OF DEATH
Cou	unty Bashing on	307
		Registration Dist. No.
VIII	age or City Haganstown No Wash	. Co. Poshetal St.; 3 Ward) [if death occurred in heariful or legitution
4 111	age of only	a hospital or institution, give its NAME instead
	60to 16 11	of street and number.]
	FULL NAME COLOR	(mg/ m) 1000
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	X 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH STULY 31 101.3
	nale white on on or order the word)	(Month) (Day (Year)
~		17 I HEREBY CERTIFY, That I attended deceased from
e DA	TE OF BIRTH	July 31, 1913, to July 31, 1913.
	(Month) (Day (Year)	that I last saw harm alive on Ally 3/ 1913
7 A C		and that death occurred on the date stated above, at 9.3 4 m.
	1 day,hrs.	The CAUSE OF DEATH* was as follows:
	yrs mos ds. OR min.?	Crushed lines.
	Trade, profession, or AND AND A	R.R. accident
par	ticular kind of work \[-VL \cdot \Contact \takensistance \takensi	0
	General nature of industry, ness, or establishment in	(Burstine) Three.
whi	ch employed (or employer)	(Duration) yrs. mos list.
9 BI	RTHPLACE (State or country)	Secondary
-	10 NAME OF	(Duraflon) yrs mos ds.
	FATHER X	(Signes) Wolanybell M.D.
TS	11 BIRTHPLACE	July 31, 19T3 (Address) Halfett lower mid
Z	OF FATHER (State or country)	
AREN	12 MAIDEN NAME	*State the Disease Causing Dearth, or, in deaths from Violent Causes, state (1) Means of Laury; and (2) whether Accidental, Suicidal, or Homicidal.
PA	OF MOTHER WAY LINOWN	18 LENGTH OF RESIDENCE FOR HOSPITALS INSTITUTIONS TRANSPORTE
	13 BIRTHPLACE	or RECENT RESIDENTS) At place In the
	OF MOTHER (State or country)	of death yrs. & mos ds. State yrs mos ds
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, Thurmout mid-
	Informant Olias Ross	Former or Frank Reveal (16)
-	Alasent a mil	usual residence 7/2014 109 100 .
	(Address) July 210 10 WN, YVIA.	PLACE OF BURIAL OF REMOVAL DATE OF BURIAL
16 4/1 0 1 9 , Strout (04M, 1/4 July 3/, 181		
FIII		20 UNDERTAKER ADDRESS
	REGISTRAR	Masurer Por Angersym
	If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No 1.

and.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. cated thus: Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Groccry; (a) Foremun, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the misease material worked on may form part of the second Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, c. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, is very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: But in many "Foreman," (0)

Statement of cause of death—Name, first, the Insease causino nearii (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculessis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) scpsis, tctanus) dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, uant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from Measles "Senile," etc.), may be stated under the head (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Puerperal septichac-"Exhaustion," Never report For VIO



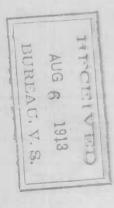
PLACE OF DEATH 10128 County Washington Village or City Williamshot (No. le hu	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.30 [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
fernale 4 COLOR OR RACE MARRIED, widowed, widowed, or divorged (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	that I last saw her alive on July 9, 1913.
7 AGE It LESS than 1 day,hrs. OR	and that death occurred on the date stated above, at
OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) PBIRTHPLACE (State or country)	malnutrition (Duration) yrs. / mos ds. Contributory Secondary
OF STATE OF MOTHER OF MOTHER OF MOTHER OF STATE	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) Mayland	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs mos ds Where was disease contracted.
(Intermant) Cithur Wolfe (Address) William And Ma	thot at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL ADDRESS ADDRESS
Filet C. O. O. O. REGISTRAR If more blanks are needed, address State Registral	Krefis and Staf Williamshort trar, 6 E Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

statement. the nature of the business or industry, and therefore an ness of various pursuits can be known. The question should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a defiuite saiary), may be entered as dutics of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional live is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every persou, irrespective of age. tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and chlidren, not material worked on may form part of the second (a) Spinner, who have no occupation whatever, write None. Statement of occupation-l'recise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Nevcr (b) Cotton mill; (a) Salesman, return "Laborer," As examples: But in many "Foremau,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lohar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Auaemia" (mereiy symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (uame origin; "Can-"Coutributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehacctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ampie: Meastes affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenciaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify ail diseases resulting from "Senile," etc.), "Dropsy," "Exhaustiou," (Recommendations on statement of may be stated under the head (disease causing death), 29 State cause for



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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in St.: Ward) a hospital or institution. give Its NAME Instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RAC 5 SINGLE. 16 DATE OF DEATH MARRIED, WIDDWED. (Day (Year) DRDIVDRCED Write the word) I HEREBY CERTIFY, That Lattended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day hrs. OR 7 SOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CASES, state (1) MEANS OF INJURY; and (2) whether Accidental, Sulcidal, or Homicidal. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death yrs. mos. State Where was disease contracted. KNOWLEDGE It not at place of death? Former or usual residence LACE OF BURIAL 15 ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is pormanently filed.

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